# Ingleby Lectures
ON
# SOME FUNCTIONAL DISORDERS OF FEMALES.

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## LECTURE II.

(*Concluded from page 1106.*)

BEFORE proceeding to consider some of the details of this subject, let me ask your assent to certain postulates of a general character. These will serve the useful purpose of helping in the differentiation of hysterical cases one from another. Let it be granted, then—1. That any nerve-centre (that is, any collection of grey nerve-matter) may have its excitability exalted, so that it becomes unusually responsive to its accustomed stimulus. 2. That any nerve-centre may have its excitability lessened, so that it becomes less than usually responsive to its accustomed stimulus. 3. That the permeability of any part of the nervous system may be increased. 4. That the permeability of any part of the nervous system may be diminished. 5. That increased permeability may cause ganglia to co-operate which do not usually do so; that is, that excitement of one ganglion may excite the action of other ganglia which under other circumstances it would not excite. 6. That diminished permeability may have the contrary effect, so that ganglia which usually act consentaneously may cease to do so. 7. That any one or more of the cerebral ganglia which usually co-operate may be thrown out of gear, so that it, or they, cease to co-operate with the rest. 8. That the ganglia not thrown out of gear continue to co-operate as usual. It may be that nerve trunks have their sensitiveness or excitability increased or diminished. I do not propose either to deny or to affirm that this is so. The result would be the same as if the centre with which they are connected were affected.

Let us turn now to the consideration of some diseases commonly termed hysterical; and, first, to a common form of hysterical paralysis. The patient has lost almost completely the power of moving one or more limbs—almost but rarely quite completely, for I can recollect only one case in which no power of movement remained. The motions which do remain are, although extremely limited in area, yet often of considerable complexity. Such a paralysis, though remaining constant for weeks or months, or even years may yet disappear in an instant under the influence of sudden and violent mental emotion—such as, for example, an alarm of fire. Hence it has very properly been termed functional, as distinguished from organic. How are we to interpret this curious phenomenon? It was long ago suggested that we should look upon it as a paralysis of "the will," and this view is still pretty generally current. Without raising abstruse metaphysical questions, I fancy that, in speaking of the "will," we commonly include two separate and distinct ideas—one, the idea of a wish to do something, and the other, of our power to give effect to that wish. If we consider "paralysis of the will" by the light of this analysis, we come to this result: firstly, that in regard to the second idea, it is a mere clothing, in pseudo-scientific phraseology, of the fact that the patient has lost the power of voluntarily moving her arm or her leg. It contains no explanation of this fact, and therefore conveys none. It is, in short, a meaningless phrase. Secondly, as regards the first idea, it is untrue in fact. These patients, so far as I have been able to understand them, have a very strong wish to be able, and are deeply distressed by their inability, to move the limb. They are also extremely grateful to us when we have cured them. To arrive at a more adequate interpretation of these cases we must go some way round and consider subjects which may at first sight appear remote. Nature is in some cases not content to leave the activity of a nerve to be regulated by the greater or less amount of force emitted by its ganglionic centre. A second nerve, arising from a different centre, is told off to diminish or even arrest its action. Such superior nerves are called, as you know, "inhibitory" nerves; and the control which they exercise is called "inhibition." It is not difficult to perceive that this method is employed in the highest departments of the nervous system as well as in the lower ones. We find evidence of this operation in connexion with the high cerebral ganglia, the organ of the mind as we call it. In the passage, "Thou shalt renounce, thou shalt renounce, thou shalt renounce—this is what the whole world is hoarsely crying to thee," "inhibit" might be substituted for "renounce" without any alteration of the meaning. An inhibition of this kind, which at first requires a voluntary effort, acquires by frequent repetition an involuntary or automatic character. Most of us can see a desirable object in the possession of another without any nearer approximation to an intention of annexing it than is contained in "I wish I had one like it." In the child this inhibitory power is at best but latent, and requires for its development moral and social education. In some children it is difficult to develop it, even when the reasoning powers are indirectly stimulated by irritating applications to the peripheral nerves distributed to the skin covering the gluteal muscles. In some few it appears to be absolutely non-existent; we hear of individuals in whom the reflex act of taking is, all their lives through, the inevitable result of the act of seeing a desirable object. Some little mass of grey or some slender thread of white nerve-tissue is awanting. The same thing is seen in some savage races, who are incurable pilferers. We find in another set of circumstances something even more directly bearing upon our subject. We have most of us, at some, now probably remote, period of our lives, ran up to a hedge with the intention of jumping over it, but, "not liking the look of it," stopped short, without making a spring. This is a rational and intelligent act, though it may afterwards be evident that it was a mistaken one. We have, also, similarly ran up and made a spring, but, at the same moment, allowed the principle inelegantly called "funk" to intervene, with the result of inhibiting our muscular action, and thereby "bringing us to grief"; while a second, more confident—that is, an uninhibited effort—has carried us safely over. The secret of what is called "Dutch courage" lies, partly at all events, in the fact that one great effect of alcohol is to relax or paralyse inhibition. To this, mainly, is to be attributed the loquacity of intoxication; and so is the proclivity to the committal of crimes by persons under the influence of alcohol. Examples of the higher forms of inhibitions are common among animals; most of the tricks taught to dogs depend upon it. The exertions of a horse who has on some previous occasion been severely flogged are, in some cases, inhibited by his hearing the sound of a whip raised to strike him.

Let us now turn to an entirely different class of phenomena. Under certain circumstances, those parts of the nervous system which usually, and for useful purposes must, act in concert, cease to co-operate, one portion remaining active, while another portion is in a state of suspended animation. This is what happens spontaneously in sleep-walkers. A similar condition is producible artificially by means of mesmerism, hypnotism, and the like. In some instances there has, no doubt, been fraud and imposition practised by unscrupulous performers; but the most liberal abatement having been made on this score, there remains a series of facts of the most interesting description. If you or I were told that we could not lift from the table a pocket-handkerchief because it was so heavy, we should at once confidently proceed to show that we could. Why? Well, to put it shortly, because we should believe our experience and disbelieve what we were told. But if a hypnotised person were told the same thing, he would be unable to lift it. Why? Well, again, to put it shortly, because he would believe what he was told, and would be unable to correct the statement by reference to his experience, in consequence of some portion of his brain being out of gear. And something like this, I submit, happens in hysterical paralysis, in which, on this theory, the primary cause would be, not deficient, but excessive nerve-action. Muscular action is inhibited by the belief that it is impossible. A principle element of cure, then, is to convince the patient that her belief is erroneous. It is not easy to do this directly, for it is notoriously difficult to remove any belief by the mere assertion that it is erroneous, or even by argument. Such a course, indeed, is likely rather to strengthen than to weaken a belief. In

these cases a little benevolent trickery, or pious fraud, is often successful, as in the following case.

A young girl was brought by several friends to the General Hospital when I was house-physician. The whole party was in a state of great lamentation and woe. It appeared that the girl had lost the use of her left arm an hour or two before; the same thing had happened on two previous occasions, and the medical man who had attended her had, so they stated, told her and her friends that a third attack would be certainly fatal. Feeling, after examination, pretty certain of the real nature of the case, I pacified her by saying that, although it was no doubt a serious matter, there was every probability that she would not die, and even good hopes that she might recover the use of her arm. She was taken in and sent to bed. It does not do to pooh-pooh these cases; you may succeed, but if not you lose all control over the patient, and then good-bye to any prospect of usefulness. The next morning she moved her arm a little, as she had done the night before. She was comforted by my telling her that it was a good sign that the paralysis had not increased. The following morning she again raised it to the same extent as previously. I put my finger a couple or three inches higher, and said, "Oh, but you moved it up to here yesterday"; she immediately moved it up to my finger. On the fourth day the same manœuvre was repeated. On the fifth, the same trick being repeated, she got the tips of her fingers to her lips. I said, "How much further do you want to get them?" She laughed and the case was at an end.

Another girl was brought to the hospital who had been lying in bed for eleven months with a paralysed leg. On admission, she could, by moving the foot, rotate the end of the great toe through a circle of about an inch in diameter. I need not say that even such limited motion required the action of a number of muscles, and so facilitated diagnosis. By a judicious admixture of trickery, coaxing, and firmness, she was cured, though not so quickly as the former case.

I saw, some years ago, a fasting girl. The amount of food or even water that she was able to take was incredibly small. She was never exhibited; her emaciation was amazing, and there was no ground for reasonable doubt as to her veracity. She dwindled, and died some time after I saw her.

It is difficult to resolve the problem presented to us by these cases, but I am inclined to associate them with the preceding class, and to think that they may depend upon a belief that eating is impossible. And this belief may have had originally a substantial basis. From the dangerous extreme above mentioned, we can, without any distinct break, see all degrees of inappetence up to slight anorexia or indifferent appetite. The slighter cases are undoubtedly often due to gastric catarrh, not necessarily of great severity. In saying this it is perhaps right also to say that, in my opinion, there is little difference in point of frequency of occurrence between gastric and bronchial catarrhs. Gastric catarrh, though sometimes provocative of ravenous, is more commonly associated with diminished, appetite. The view here suggested seems to me to receive support from the success of the method of treatment originated by Dr. Weir Mitchell. Take such a girl from her home, place her in the midst of new surroundings, of fresh faces, inspire her by confident assurance of her recovery, tell her you are going to restore her appetite by a new treatment, insist upon her taking food, subject her to massage, shampooing, rubbing, or whatever you like to call it. The effect is speedy, the result surprising. The quantity of food consumed soon becomes as remarkable for its largeness as it had before been for its exiguity.

Cases of hysteria may be usefully, if not scientifically, divided into three classes: first, the simple, genuine, or involuntary cases; second, those in which there is unconscious exaggeration; third, those in which there is conscious fraud or deception. These classes might, perhaps, be as properly described as stages, for there is no doubt the first may glide into the second, and afterwards into the third; or, in other words, there has probably been a time when a case of the third class has belonged to the first. We meet, especially in the third class, with some very curious cases; and oftentimes they are not only curious, but puzzling. For example, a middle-aged unmarried lady's-maid, precise and respectful, and quiet in manner and demeanour, as became the long and highly-valued domestic of two or three decorous and not over youthful gentlewomen, came to the General Hospital. She had been living in London, but had been obliged to leave her place in consequence of feeble health, caused by repeated attacks of "inflammation of the bowels, with sloughing of the mucous coat." Oh no! not dysentery, but inflammation of the small bowels. So she had been told by several medical men in London, whom she named, who had been called in by her mistresses from time to time. Such were her statements; and, though I cannot vouch for their truth, I saw no reason to discredit them. Her reason for coming into the hospital was that she feared that another attack was impending. After a few days, during which she insisted that she was suffering from gradually increasing pain in the abdomen, but no objective phenomena presented themselves, she said she had diarrhœa, and a few days after that she produced a liquid stool, containing some smooth-edged, flat, whitish pieces of something. We found by experiment that these sloughs could not be distinguished, microscopically or otherwise, from pieces of chamois-leather or kid-glove, macerated in water for twenty-four hours. I told her that what she had passed was not mucous membrane, but something she had eaten; and a few days after she found herself so much better that she would like to go home, and she went.

It is not much use arguing or quarrelling with these persons. What you want to do is to take the romance out of their cases—to show that so far from your thinking them remarkable, and therefore interesting, you know them to be commonplace and uninteresting. Thus I entirely checkmated a girl who pretended that her bowels had not been open for weeks. I told the mother the truth (which was that I knew it to be untrue), and got her to tell the patient that we did not think anything of it; that some people had evacuations and others had not; that there was no rule about such things. With this somewhat audacious statement—which she, of course, knew to be untrue, but could not well repudiate without spoiling her case—the patient's renewed attempts to excite interest in her case were consistently met, and she was ultimately beaten out of the field. Instead of denying her statement we accepted it as gospel, but in a way that took all the interest out of it. She kept up the pretence for a very long time; and, curious to say, although frequently watched, it was never discovered where or when the bowels were moved. I have seen other like cases. In another very curious case, an abandoned thief imposed upon the gaol authorities, and obtained a free pardon on the ground of ill-health, and so escaped a long term of imprisonment. On her discharge she was brought to the hospital, and the only thing that was real about her case was that her periods were very profuse. In the gaol, she was supposed to have copious hæmatemesis, and had been seen by the matron in the act of vomiting blood, the possible source of which I refrain from even suggesting.

On hysterical retention of urine I have only two words to say. It is very commonly the initial phenomenon, and is most useful, therefore, as furnishing the key to subsequent manifestations; and, secondly, that it is not often repeated when its treatment is left in the hands of the nurse, instead of being undertaken by the medical man.

Of hysterical vomiting I have seen several cases, and have not found much difficulty in dealing with them; but a particular course must be followed, which presents no difficulties in hospital practice, in which only have I met with these cases. In private practice it might be less easy to pursue. These cases begin with occasional vomiting two or three times a day only, or even less. As soon as you know what it is (which at first you may not) treat it with indifference. It soon becomes more frequent. In a few days the nurse will tell you that everything taken is immediately rejected. You order a teaspoonful of water to be given at intervals and nothing else, saying you are quite sure that will stay down. You will hear the next day that even that is immediately thrown up. Then you have got her. Place her flat on her back with the head well thrown back on the pillow, the neck and upper part of the chest being fully exposed. Let her swallow a teaspoonful of water, and keep your eyes steadily fixed on the throat; in a short time you will see a slight movement in the muscles of the throat. Say at once, "Don't do that again; anyone can make himself sick in that way." The attempt may be repeated, and must instantly be checked. You watch her for a quarter of an hour, and then point out to her that she is wrong in supposing that nothing can be retained. You will not be bothered by any recurrence of this symptom.

We do not see a great deal of emotional hysteria in our practice; and what we do see is rather in the middle-aged than in the young; and is, in fact, if I may be allowed the Hibernicism, not hysteria, but drunkenness. Judging from

my experience in Parisian hospitals, I should say that this phase of hysteria is more common in the Latin races than in the Anglo-Saxon. "Attacks of the nerves" seem to me also of more frequent occurrence in French than in Anglo-saxon works of fiction. In slight attacks a simple expedient is often successful, probably by diverting the patient's attention; cause her to make a deep inspiration and a full expiration; a few repetitions are followed by complete calm. Hysterical coma is a very curious condition, and is commonly in some degree connected with alcohol. It is most quickly relieved by an enema of assafœtida.

Reverting for a moment to the cases in which we are wont to recognise the existence of fraud and imposition, it is questionable whether in many of them we are not using a term not strictly accurate. Whether we should not rather regard them as examples of partial mental aberration, the result of a dominant idea, the desire for sympathy, than of intelligent, intentional, and conscious deception. It is, perhaps, a fine distinction, and, if sometimes a just one, we must admit that, in the words of the cynical Heine:

> "In case of women,
> One knows never where the angel
> Ceases, and the deuce commences."

These words are, also, apposite to another question. To what extent is there commonly in hysteria an erotic element? The answer to this turns largely on the meaning which we attach to "erotic." Amongst men of the world the interpretation would be of the grossest and most carnal character; and too many of us would, and do, accept this view, thoughtlessly, I think, and erroneously, in respect to the virginal sex in general, and no less erroneously as regards cases of hysteria. But the word has another sense not less classical, for it rests on the authority of Plato, and one which, in my judgment, is more in accord with the passive or receptive *rôle* of women in the processes of reproduction. In this sense it refers not so much to the lower animal passions—though these are not altogether excluded—but to the higher sentiments, from which spring all the graces and most of the charms which adorn the sex, and which do, as there is a physiological reason—indeed, necessity—for their doing, attract our own. In this sense there is, I believe, commonly, and in the other but rarely, an erotic element in hysteria.

The time at my disposal, and possibly your patience, are alike exhausted. Yet, even within the narrow limits I have fixed for myself, there are left many interesting and important topics at which we have not even glanced. For, indeed, to quote a brilliant writer, "La femme, vois-tu, c'est un thème inépuisable; on a beau l'étudier, on rencontre toujours de nouveau." I have desired on this, as on other analogous occasions, to remember that I am speaking, as one of themselves, to those whose duty and honour it is to apply in practice the art of medicine. But, you may object, such professions are but little consistent with the scheme and tenour of my lectures. You may think that there has been but a pitiful proportion of the bread of clinical facts to an intolerable quantity of the sack of speculation and opinion. It is true that this is so. But this has arisen, not from my forgetting, but from my remembering that we are all practitioners of medicine. Our predecessors have had, our successors will have, general conceptions, views, opinions, speculations, hypotheses, theories—choose which term you will—which did, and will, exercise an influence upon their acts. We ourselves, all of us, have them, and they influence our acts. None amongst us, indeed, are greater slaves to them than many of those who, in good faith, lay special claim to the title of practical men. Nor is this subjection to speculative views peculiar to the medical profession. The conceptions of mankind are compounded in varying proportions of truth—that is to say, knowledge; of error—that is to say, ignorance; of prejudice, of imagination, fancy, faith, wishes, hopes, fears. This strange medley produces forces which, intense and far-reaching in their operations, do indeed govern the world. Take a quite recent example of practical results from such a cause. The Arab conception of paradise, and of the means of getting there, has cost us many lives and much treasure, and may yet cost us more. But we have no need to go so far afield for an illustration. There is a prevalent conception of disease, which is not explicitly stated in books, and of which in its nakedness there is perhaps no one who would not be ashamed. It embodies the unquestionable fact that there are relations between disease and that which we vaguely call debility. It is true, also, that these relations are often so intimate and direct that it is of the utmost practical importance to recognise their existence. But when this conception obtains such a preponderance in the mind that it almost effaces the distinction between disease and debility, its evil consequences are most serious. It renders therapeutical efforts injudicious, confused, timid, and irresolute. It may, indeed, inhibit them altogether. It certainly does appear to me that such an undue preponderance is, at the present day, but too widely spread, and that the practice of many is thereby unfavourably influenced. This may be so, or it may not. What I really want you to admit is that an abstract conception, difficult to formulate, except perhaps, if that can be called formulation, in the shape of a truism, does actually and largely influence practice. To put the question in a concrete form: Given a case in which we correctly recognise the existence of disease, and also the existence of debility, in what measure is our treatment of the disease to be biased by our recognition of the debility, or our treatment of the debility to be biased by our recognition of the disease? That is a reasonable question, which it is incumbent upon us to put to ourselves, and to answer. Now, in my firm opinion, the answer given, too often even in the present day, results in treatment unduly recognising the debility and unduly neglecting the disease; and there is very much in female disorders to bring them within the possibility of being affected by such views. It is unsound to think that conceptions which contain an element of truth cannot be noxious. On the contrary, it is that very fact which renders them dangerous; for it is that which makes them seductive, which gives them currency, and secures to them continued existence. The element of truth is an antiseptic which protects them against the forces of decay. It has, then, appeared to me that current conceptions of the relations between their periodical functions and the general health of women have been inadequate; that some facts have been unduly exalted, whilst others have been unduly debased; and I have endeavoured to bring this before you, in order that, in your own minds, the balance might be readjusted. In like manner has it appeared to me that there are inadequacies and imperfections in current conceptions of the female nervous system and its aberrations. And I have endeavoured to lay before you some considerations on this subject which seem to me to be of importance. At all events, what I have done, however halting the argument or deficient in coherence, I have done in good faith. I ask you to take the trouble to think about it; and then I should be the last to quarrel with anyone who arrived at conclusions different from my own. For I have been all my life an unswerving advocate of free thought, accustomed to swear by the words of no master, unless they commended themselves to my own independent judgment.

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## NOTES ON DISEASES OF THE NERVOUS SYSTEM.

BY W. R. GOWERS, M.D., F.R.C.P.

### II.

### ON THE ANTERO-LATERAL ASCENDING TRACT OF THE SPINAL CORD.

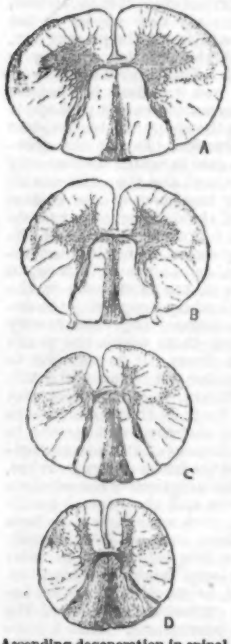
SINCE I pointed out, in the first edition of my "Diagnosis of Diseases of the Spinal Cord," that there exists in the lateral columns in front of the pyramidal and cerebellar tracts a tract of fibres which degenerates upwards through a considerable extent of the cord, several other corroborative observations have been published.[1] The tract has, moreover, been rediscovered in the developing cord by Betcherew. I have traced its degeneration in several other cases of ascending degeneration of the cord, and also in locomotor ataxy. These observations have revealed some additional facts regarding its relations and position.

The tract extends across the lateral column about two-thirds of the distance from the surface to the intermediate grey substance. (Fig. 1.) It dips into the angle formed by the rounded anterior extremities of the pyramidal and direct cerebellar tracts, and it extends along the surface of the cord almost to the anterior median fissure, stopping at the anterior pyramidal tract. Betcherew could not trace it beyond the

[1] An interesting paper on the subject by Dr. Howard Tooth is contained in the current volume of the St. Bartholomew's Hospital Reports.

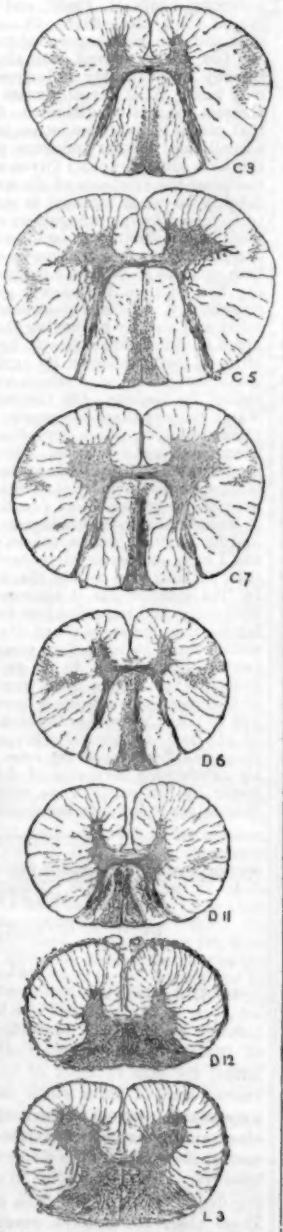
outermost of the anterior nerve roots, perhaps because it lessens in width and other fibres are mingled with those of this tract. I have traced it, in several cases, as far as the anterior pyramidal tract, where the sudden termination of the degeneration is sometimes very marked.[2] In the upper part of the cervical region, where the direct cerebellar tract moves forward and the pyramidal tract again comes up to the surface of the cord, a process of the ascending tract extends between the pyramidal and cerebellar tracts, and may be traced almost to the surface of the lateral column. (Fig. 2, C 3.) About the middle of the dorsal region the tract does not extend so far forwards at the surface of the cord, and in the lower part of this region the tract seems to lie only across the middle of the lateral column, opposite the posterior commissure. This arrangement corresponds with the probable course of its fibres from the opposite half of the cord through the commissure.

FIG. 1.




Ascending degeneration in spinal cord crushed by a fracture at the 11th dorsal. A, B, cervical, C, upper, and D, lower dorsal sections. Degeneration of the posterior median columns and of the antero-lateral ascending tracts.

FIG. 2.




Sections of the spinal cord, from a case of locomotor ataxy, showing degeneration of the whole posterior columns in the lumbar region, but, higher up, only the ascending degeneration of the posterior median columns. In the dorsal and cervical region there is also degeneration of the antero-lateral ascending tracts.

It is doubtless the degeneration of this tract that has given rise to the erroneous idea that the direct pyramidal tract extends further forwards than the limit assigned to it by Flechsig from his developmental researches, and further forwards than it appears to do in other cases in which it is certainly degenerated alone. If the ascending antero-lateral tract is also degenerated, the resulting areas of sclerosis are continuous, and it is thus easy to understand how the erroneous impression has arisen. The double degeneration produces a band of peripheral sclerosis, widest opposite the middle of the cord. It is probable that this is the origin of some forms of so-called "annular sclerosis" of the cord, and also that the superficial layer of degeneration thus resulting has been sometimes thought to be caused by meningitis, an extension of the inflammation from the pia mater to the substance of the cord.

As far as we at present know, the direction in which the fibres of the central nervous system degenerate is that in which they habitually conduct. Hence the antero-lateral ascending tract conducts upwards, and there can be little doubt that in it we have the path for sensations of pain. It seems certain that these are conducted in the lateral column. The experiments of Woroschiloff have proved that the lateral column conducts the impressions that can raise the blood-pressure, and the impressions that have this effect are for the most part, if not altogether, those that, through the agency of the sensorium, are perceived as pain. The only fibres of the lateral columns that degenerate upwards through any long course are these and the fibres of the direct cerebellar tract. The latter go exclusively to the cerebellum, and it is in the highest degree improbable that they conduct any form of sensation from the skin. Hence we must identify the antero-lateral ascending tract with the sensory path in the lateral columns.[3]

I have recently had an opportunity (by the courtesy of Dr. Mott) of examining a series of sections of the spinal cord in a case in which the nerve roots of the cauda equina were extensively damaged. It is well known that where these roots are interrupted the posterior median column degenerates through the cord, just as it does if there is a transverse lesion in the lumbar enlargement. Continuity of degeneration must be taken as proof of continuity of fibre. Where fibres are interrupted by nerve cells, degeneration ceases. Hence the degeneration of the posterior median columns is proof that these fibres are continuous with some of the fibres of the posterior roots. But in the cord mentioned, in which the cauda equina was diseased, while the posterior median columns presented the usual degeneration, no trace of degeneration could be found in the ascending antero-lateral tract. Hence we must assume that the sensory root fibres, from which this tract continues the sensory path, end in nerve cells, probably in the posterior cornua of the cord. The antero-lateral ascending tract seems to be formed only in the lower part of the dorsal region. It appears therefore that the sensory path from the legs only decussates above the lumbar enlargement. I have long been of opinion, from clinical evidence, that this is so. It is not until nearly the middle of the dorsal lesion is reached that a unilateral lesion causes crossed sensory and motor paralysis. In the lowest part of this region, and in the upper part of the lumbar enlargement, a lesion on one side impairs sensation on the same side as the motor. In the medulla oblongata of a patient with locomotor ataxy, Dr. Hadden found a patch of sclerosis in such a position that it may have been the continuation upwards of the degenerated antero-lateral tract. He had not the spinal cord to examine. I am not aware that the degeneration of this tract in the spinal cord has been hitherto described in tabes. In three cases, however, I have found it distinctly degenerated. One of these is shown in Fig. 2. The fact is of interest in connexion with the frequent loss of sensibility to pain. If the above reasoning is valid, its degeneration is proof of degeneration of the sensory cells in which terminate the nerve fibres that conduct sensations of pain. It has long been known that degeneration of the cells of the posterior cornua is common in tabes; the fact was pointed out many years ago by Lockhart Clarke.

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[2] The denseness of the sclerosis in degeneration of this tract may vary in adjacent parts of the same cord, probably because the short fibres ("ground bundles") of the antero-lateral column are mingled with those of the tract in a varying degree in different parts of the cord. As these fibres do not degenerate through any considerable extent, they dilute, so to speak, the degeneration of the tract, and lessen its apparent intensity in different degrees in different parts. This is probably one reason why its continuous degeneration was so long overlooked.

[3] In a case of gunshot injury to the cord which I recorded some years ago (Clin. Trans., vol. xi.) there was loss of sensation of pain, and none of touch, and the chief damage was in the position of this tract.

# ON THE NATURE OF SCROFULOUS GLANDS IN THE NECK AND THEIR SURGICAL TREATMENT.[1]

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I SHOULD scarcely be justified in discussing the methods of dealing with that condition of the glands of the neck which centuries have agreed in calling *scrofulous*, were I not in the first place to attempt to explain what is meant in the present day by scrofula. According to the views which we hold on this subject will our treatment depend. If we look upon scrofula in all its stages as a *diathetic* disease, then our treatment will be directed to correct this tendency; in other words, we shall have recourse to constitutional measures as the most rational—as those which promise the greatest success. If we, on the other hand, hold that scrofula is *infective*, that it owes its origin to a virus making its way into the system from without, then our treatment should in the first place be directed against the virus, to keep it out of the system or to eliminate it. Between these two modes of estimating the nature of the disease we have a third, which combines them both—namely, that scrofula is an infective disease due to a definite poison, which can only find its development, however, when planted in a suitable soil; that is to say, when it gains an entrance into the tissues of a person presenting a peculiar constitutional habit, "the greater vulnerability of parts and the greater pertinacity of disturbances," as Virchow has defined it.[2] If we accept this latter view—and recent investigations, I believe, have fully established its truth—scrofula must cease to exist as a distinctive disease, and the neutral zone between scrofula and tubercle, which has been the battle-ground of pathologists in years past, must disappear. We shall never, I suppose, eliminate the term scrofulosis, but we shall use it in a different sense from that to which we have been accustomed. In the light of the pathology of to-day we cannot accept as a definition of scrofula that it is "a tendency in the individual to inflammations of a peculiar type, the distinctive features of such inflammations being as follows: they are usually chronic, apt to be induced by very slight irritation, and to persist after the irritation that induced them has disappeared."[3] In spite of the attempts of pathologists to give a definite meaning to the term, no one will deny that the word scrofula has been used to designate most of those diseases whose pathology was a chaos of confusion, and that Henle's description of it was well merited, that "scrofula is the receptacle into which one vaguely casts all the ailments which afflict children under fourteen years, and of which we do not know the cause."[4] In discussing, then, the true nature of scrofula, it will be interesting to review shortly its history, and to trace the lines which have led to our present state of knowledge concerning it.

The term was originally given to the disease by the Romans in order "to give prominence to the similarity presented by the thickened neck, the diminished prominence of the chin, and the swelled upper lip—all consequences of the swellings of the glands—with the physiognomy of the hog."[5] In the sixteenth and seventeenth centuries the resemblance between the caseous masses found in the lungs in phthisis and in scrofulous lymphatic glands in the neck was observed, and Cullen, amongst others, began to range phthisis in the list of scrofulous diseases. "The views generally held at that period on this question," says Birch-Hirschfeld, "may be summed up in the sentence that scrofulosis reigned supreme over the domain of tuberculosis, tubercular phthisis itself being looked upon as a scrofulous disease." Laennec heralded a new epoch. Tubercle now became the chief factor, and all processes in which cheesy substance was found were classified with tuberculosis, scrofulous glands being considered only as a small subdivision of tubercular disease. But at this time little was known as to the nature of tubercle itself. The term was applied to nodules, but it had little other significance. Laennec pointed out that these nodules, originally grey and clear, had a tendency to become opaque and yellow, or, in other words, to caseate. Thus, in the lung two distinct conditions were found, the grey tubercle and the yellow, the latter being, however, the result of certain changes in the former—that is to say, the grey tubercle had a tendency to caseate in its centre, and by the fusion of several of these, larger caseous masses were formed, which went by the name of yellow tubercles. The identity of scrofulosis in the glands in the neck and of tuberculosis in the lung was then again called in question, when Virchow came forward and demonstrated that this cheesy substance was not necessarily due to decay of the grey nodules, but might occur in the most heterogeneous tissues. Tubercle was now restricted to the grey semi-transparent nodules, the size of a millet-seed, hard and firm, which have since been known as miliary tubercles; although these, from their want of bloodvessels and their low organisation, frequently tended to cheesy metamorphosis. Virchow accordingly laid down that no cheesy product was to be accepted as tuberculous unless sufficient evidence had been given of its origin from miliary tubercle. Such evidence was not at that time forthcoming in respect to the cheesy masses found in scrofulous glands; hence scrofulosis was not to be considered as a form of tuberculosis. Virchow went even further, and the cheesy infiltration of the lung, called "tuberculous" by Laennec, was not tubercular at all, but should be termed "scrofulous broncho-pneumonia." But even this position of the question was not destined to remain long unassailed. Microscopists turned their attention to the study of the so-called grey or miliary tubercle. That it was the ultimate specific cause of tuberculosis began to be doubted, as certain tissue changes, which were acknowledged to be due to tuberculosis, were found to occur sometimes, in which these distinct grey tubercles could not be discovered. In such instances the microscope revealed certain minute bodies, to which the name "submiliary tubercles" was given, and it was then shown that the millet-seed bodies, termed miliary tubercles, were made up of a collection of these microscopic nodules. This submiliary tubercle, called by Köster "primitive or elementary tubercle," is composed mainly of cells. In the centre of a typical specimen we find one or more giant cells. Forming a zone around this are many so-called epithelioid cells, and around these again is a zone of leucocytes. "All these cell elements are supported by a fine reticulum, which is generally concentrically arranged at the periphery, and towards the centre is observed to be continuous with the processes that commonly come off from the giant cells. The affected district is non-vascular."[6] This is the description of "primitive tubercle" as we understand it to-day; but it must not be supposed that this accurate histological account of it was received without much opposition. Indeed, it would seem that in its earlier days pathologists were so engaged in their conflicts concerning it that the fight over the identity or non-identity of scrofulosis and tuberculosis remained for many years in the position in which it was left by Virchow. During this period of dormancy caseous or cheesy nodules were looked upon as the products of the degenerative changes which followed on scrofulous inflammation. There was nothing specific in them. But this controversy on scrofulosis was only dormant, and it broke out with renewed vigour in the years 1865–69. A new method of attacking the question was instituted by M. Villemin. Anatomical and microscopical methods gave way to the method of inoculation, and Virchow's ground was cut from beneath his feet. These inoculation experiments showed two things, firstly, that if the cheesy matter from scrofulous glands were injected into an animal, it produced general tuberculosis as readily as tuberculous matter; and secondly, as shown by Wilson Fox, that if tuberculous matter were introduced beneath the skin, it gave rise to enlarged caseous and suppurating glands—in fact, to all the symptoms of a localised scrofula. The conclusion to be drawn from these experiments seems obvious—namely, that these local manifestations of what was termed scrofula were in reality tubercular, and that if any difference could be made out between these terms, it could only be one of degree. Such a wholesale subversion of Virchow's views, which had taken possession of pathologists for several years, could not naturally be accepted without dispute. The experiments themselves were largely discounted, and it

[1] Read before the Surgical Section of the Academy of Medicine of Ireland, April 16th, 1886.

[2] Krankhaften Geschwülste, Vorles. xxi.

[3] Treves: Scrofula and its Gland Diseases, p. 37. 1882.

[4] Handbuch der Rationellen Pathologie. 1846-53.

[5] Birch-Hirschfeld, Ziemssen's Cycloped., vol. xvi., p. 744.

[6] Treves, op. cit., p. 9.

was maintained that, as the so-called acute general tuberculosis, which was described as following on inoculation, occurred in "animals," it was not the same as general tuberculosis in man. It now became apparent that it was more necessary than ever to understand the histological characters of true tubercle, to distinguish it from simple inflammatory neoplasms, and to determine whether the giant cell, with its external zones of epithelioid cells and leucocytes, was pathognomonic of tubercular diseases. In 1870 Wagner prepared the ground for a more accurate knowledge of the microscopical characters of these primitive tubercles, and the more complete elucidation of their differences from simple inflammatory neoplasms, made almost immediately afterwards by Schüppel, established their distinctive character. With this definite idea as to the true characteristics of tubercle itself, he proceeded to combat Virchow's views, taking for his text Virchow's own dictum that no cheesy product was to be accepted as tuberculous unless sufficient evidence had been given of its origin from miliary tubercle. This missing link was now supplied. "This demonstration," says Birch-Hirschfeld, "has been furnished by Schüppel's numerous and searching investigations to such an extent that no further doubt is left as to the frequent occurrence of well-characterised tubercles in the lymphatic glands, partly in the form of secondary development with pre-existing tubercles of other organs; partly, however, as primary tuberculosis, to which latter category belong those very conditions which have been regarded heretofore as the most characteristic products of scrofulous disease."[7] Friedländer goes a step further when he states that "all the more important scrofulous affections are intimately associated with the formation of tubercles."[8] From this period the number of diseases in which tubercle was discovered went on increasing year by year. Köster in 1869 found them in the so-called granulations in "white swelling." In 1879 Volkmann demonstrated that "white swellings" were nothing but tubercular osteoarthritis, and that they owed their origin most frequently to a focus of tubercle in the epiphysis. In 1881 Lannelongue showed in his work on cold abscesses that the walls of the sac were studded with tubercles; and in 1883 Kiener demonstrated the identity between caries and tubercular osteitis, and showed that this specific osteitis may assume either the encysted or diffused form. The advocates of the identity between scrofula and tuberculosis seemed thus to be triumphing along the whole line, when a new difficulty arose. The giant cell, with its peculiar arrangement of cells around it, was declared not to be pathognomonic of tuberculosis. In 1875 Ziegler showed that it was found in inflammation artificially produced by inserting two little glass discs beneath the skin or in some of the cavities of the body in dogs and rabbits, and M. Martin obtained them around other irritating particles, or by introducing micro-organisms into the circulation. The question was thus again an open one, and stood thus: inoculation experiments had crowned the proof, afforded by anatomical and clinical observations, that scrofulosis and tuberculosis could not be separated, but hitherto there was no peculiarity of the structures which was pathognomonic of tubercle as a specific element. The infective nature of tuberculous and scrofulous matter alike was established, but the *materies morbi*, the virus itself, had not been recognised. Such, briefly, may be said to have been the point reached up to the spring of 1882. We all remember the sensation which was caused, not only among scientists, but in the world at large, by the announcement of Koch in March of that year, that he had discovered the bacillus of tubercle; that he had succeeded by the method of double staining with aniline dyes in demonstrating the existence of the microbe; that by cultivations on solid media he had isolated it; and that by inoculations of the pure cultivations in animals he had proved its virulence. Whatever doubts may have been at first thrown upon the discovery, whatever scepticism may have been at work to detract from it or to prove it false, all have disappeared, and there are few who to-day will deny that Koch's bacillus is the active agent in the production of tubercular diseases, wherever they are found or in whatever guise they appear. Virchow's statement that no cheesy product was to be accepted as tuberculous unless sufficient evidence had been given of its origin from miliary tubercle must now be modified and enlarged. In place of it we may assert that all inflammatory products, whether in the stage of cheesy degeneration or not, in which the bacillus of tubercle can be demonstrated, are to be accepted as tuberculous. At the same time we must remember that their absence is not conclusive evidence against the tuberculous nature of a diseased part, as in certain stages of a tuberculous mass the bacilli may disappear. What assistance this discovery has afforded to the physician, or what influence it has had upon his art, is not my object to discuss. For the surgeon it has opened up new fields of labour, and has had a most powerful influence on his work. "The sphere of tubercular diseases," writes Volkmann recently,[9] "with which the surgeon has to do has increased so enormously during the last fifteen years, insomuch as a great number of diseases with which he has to deal day by day are recognised to belong to tuberculosis, that, I say, the surgeon has now almost more to do with this disease than the physician."

Addressing as I am the surgical section of this Academy, let me call your attention to the enormous advantage which the surgeon possesses over the physician in the treatment of tubercular diseases. The diseased tissues are, or can be, exposed to view; frequently it is in the surgeon's power to remove the whole tuberculous patch, and with it the tissues in the immediate neighbourhood, while the patient still lives, and his opportunities for doing so, and the organs that are accessible to him, are increasing year by year. Now, in order to establish a disease in any organ as being undoubtedly tubercular, Volkmann[10] enumerates three conditions as coexisting. Firstly, the well-known structural condition, which has been styled "true tubercle"; secondly, the presence of the tubercle bacillus; and, thirdly, the positive results yielded by inoculation experiments. When these three conditions are verified in any diseased part, it cannot be questioned that the affection is one of true tuberculosis. This criterion has been applied to a large number of diseases, and has given positive results. I cannot now do more than enumerate a few of those diseases with which we are familiar under other names, but which henceforth must be classed as tubercular. On the skin we find lupus and certain ulcers, which have commonly been classed as scrofulous; similar conditions of the mucous membranes, and frequently fistula in ano; in the deeper structures, most forms of chronic abscesses, especially those associated with scrofulous glands, diseased bone, &c.; and in diagnosing these abscesses the so-called pyogenic membrane is of great use. "The characteristic abscess membrane," says Volkmann, "occurs only in connexion with tubercular abscesses, and it must be looked upon therefore as an absolutely safe criterion for diagnosis." All those forms of disease of the bones and joints which have hitherto been described as caries, Pott's caries, white swelling, strumous or scrofulous disease of the joints, fungous degeneration and so forth, belong also undoubtedly to tubercular infection, and the same is true whether the disease originate in the epiphyses of the bones or in the synovial membrane. Lastly, of all parts of the body in which positive proof of the existence of tubercle has been given, the lymphatic glands are most frequently engaged, because their very function exposes them to infection. Under the head of tubercle we must range all those affections of the glands which have hitherto been termed scrofulous enlargement, strumous disease, and caseous degeneration—in fact, by far the larger number of cases in which we find the glands of the neck enlarged.

*(To be continued.)*

[7] Op. cit., p. 751. [8] Volkmann's Samml. Klin. Vorträge, No. 64.

[9] Langenbeck's Archiv fur Klin. Chirurg., 1886, p. 109.
[10] Op. cit., p. 125.

LEEDS AND WEST-RIDING MEDICO-CHIRURGICAL SOCIETY.—At the general meeting of the members of this Society on the 21st ult., it was reported that during the past year the list of members has been increased by twenty-five elections, and that eight ordinary and two extraordinary meetings had been held. The following gentlemen were elected office-bearers for the ensuing year:—President: Dr. S. C. Smith. Vice-Presidents: Mr. Ed. Atkinson and Dr. Cameron. Treasurer: Dr. Clifford Allbutt. Honorary Secretaries: Mr. A. W. Mayo Robson and Dr. Jacob. Librarian: Dr. Barrs. Auditor: Dr. Braithwaite. Committee: Dr. Churton, Dr. Dobson, Mr. Wm. Hall, Dr. Hutchinson, Mr. Jessop, Dr. Fletcher Little, Mr. W. N. Price, Mr. Fredk. Shann, Dr. Swann, Mr. Wiseman, Mr. C. J. Wright, and Dr. Young.

# HÆMOPTYSIS AS A SYMPTOM OF PNEUMONIA, WITH SPECIAL REFERENCE TO PNEUMONIA OF THE APEX.

BY DONALD W. CHARLES HOOD, M.D. CANTAB.,
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ON the morning of April 6th, 1881, I was asked to see a gentleman staying at the Langham Hotel. I found an Italian lying on his bed, and beside him a basin in which was about half a pint of blood, which he informed me he had expectorated within the past hour. He told me that he had not been feeling well for the last day or so, and had in fact consulted Sir William Gull a few days previously. Sir William attributed his indisposition to cold. He had passed an uncomfortable, restless night, being feverish and shivery, but, feeling somewhat better in the morning, had risen as usual, with the intention of going to his business in the City. While sitting at breakfast he was seized with a fit of coughing, and found blood rising into his mouth. His handkerchief was soon thoroughly soaked with blood, and he went into the lavatory adjoining the coffee-room, and there spat up a large quantity. From the account given to me, and from the amount of blood I saw myself, he must have had severe hæmorrhage. I looked upon the case as one of ordinary hæmoptysis, prescribed some opium, and gave strict injunctions with regard to rest and quiet. I did not like to disturb my patient for the purpose of making an accurate examination, so that I cannot speak with any exactness as to the state of the chest, beyond the fact that there were a few subcrepitant râles to be heard over the subclavicular region of the left side. I was, however much struck by the temperature being high; it reached 101°; the pulse being 100. The same afternoon Sir William Gull saw the patient with me, and expressed his opinion that the case was not one of ordinary hæmoptysis, but of apex pneumonia complicated with hæmorrhage, a condition he was well acquainted with, having seen several such cases.

On examining the chest posteriorly on the left side, there was evident loss of resonance over the entire supra-spinous region; the dulness extended down to a little below the spine of the scapula, the breath sounds over this area being loud and harsh, scarcely bronchial, but abnormally distinct; vocal resonance was also increased. The following day all the physical symptoms were more pronounced, the temperature ranging between 100° and 102°. There was less blood in the expectoration, which was now more of the prune juice character. Day by day the expectoration was less coloured, and on April 12th—that is, on the seventh day of attack—there was no expectoration, and the temperature was normal. At this date, the principal, I may say the only, physical symptom was slight dulness over the upper part of the right lung, this dulness being much more marked at the posterior aspect. Within a few days the patient was well enough to leave town for the seaside, and subsequently went to the south of France.

In the spring of last year I was asked by my colleague, Mr. Frederick Durham, to see a patient upon whom he had operated for disease of bone. My opinion was asked in consequence of the patient's fever, cough, and hæmoptysis. I found a fine, strong, well-grown, healthy-looking man, an old soldier, who for ten days had been suffering from what was supposed to be catarrh. Within a few hours of my seeing him, while coughing he had expectorated blood, and I saw a spitting-cup nearly full of blood and mucus. The temperature was 102°. On examining the chest, there were marked symptoms of pneumonia, which, however, was limited to the right apex. Moreover, the physical signs of the pneumonia were more easily traced at the posterior aspect. In this case the urgent symptoms subsided within a few days, and the patient was rapidly getting well, when another attack of pleuro-pneumonia supervened, implicating both lungs, and the patient sank from exhaustion. A post-mortem examination being refused, I cannot speak with authority as to the state of the lungs. I quote the case with reference to the initial pneumonia of the apex being concurrent with severe hæmoptysis and elevation of temperature.

E. H——, aged forty-eight, was admitted under my care into the West London Hospital on Oct. 29th, 1885, for hæmoptysis. The patient was a labourer, and stated that he had been quite strong until about eighteen months ago, when he caught a severe cold, being laid up at home for six weeks. He had had a cough more or less since this attack, but had never before spat blood. On the day of admission, while walking, he had an attack of coughing, and found that there was blood in the expectoration. He lost a large quantity, and was brought into the hospital in consequence. The hæmoptysis continued after admission. He was treated by the resident house-physician in the usual manner, and, following the ordinary course in such cases, his chest was not submitted to a rigorous examination. The temperature was noted to be over 100°. Two days after admission this patient was seen by me, and I was immediately struck by the character of the expectoration, the height of the temperature, and the general aspect of the patient. On making an examination, symptoms of pneumonia were easily demonstrated. They were entirely limited to the right apex, and more especially marked at the posterior region. I made the following note at the bedside: "Right apex, front: some moist subcrepitant râles; breathing harsh. Back: decided dulness, extending to below spine of scapula; bronchial breathing above spine of scapula; a few coarse rhonchi to be heard all over the right lung." The temperature at the time of my visit was 103°, the pulse 120, the skin being hot and pungent. The patient remained in hospital for about two months, being discharged on Jan. 2nd. His right lung was not in a satisfactory condition; some dulness remained, but there were no moist sounds to be heard, and he had but little cough and expectoration.

M. P——, aged forty-eight, was admitted under my care into the West London Hospital on Dec. 4th, 1885, for hæmoptysis. He had been attending in the out-patient department for one month, suffering from cough. He had expectorated blood on two former occasions, the amount each time being small. On admission the temperature was noted as being over 100·2°, and on the following day it reached 102°. At the right apex were symptoms of pneumonia. These symptoms were much the same as in the other cases; they were limited to the region lying above and a little below the spine of the scapula. The hæmoptysis was profuse, and was seen by me. Seven days after admission the temperature was normal, and I then made the following note of the state of the chest: "At the right apex, posterior region, there is decided dulness, with increased tactile vibration, and vocal resonance. There are moist sounds, large and small, and the breathing is bronchial in character. Examining the chest in front, these physical symptoms were but slightly marked. The patient still suffers from cough, but the expectoration has decreased and is no longer blood-stained." On Jan. 28th this patient was discharged in good general health, some slight loss of resonance being the only physical symptom which was noted as evidence of the attack he had undergone.

P. Q——, aged twenty-eight, was admitted under my care into the West London Hospital on April 29th, 1885, for severe hæmoptysis. From the statements of the patient he must have lost a large quantity of blood. After admission the hæmoptysis was very profuse, and was seen by me. The temperature was 103°. The following day there were found to be marked physical symptoms of apex pneumonia. As in the other cases, these symptoms were more marked at the posterior aspect, and were limited to the upper part of the lung. The expectoration was deeply blood-stained; in fact, it was almost pure blood. Within a few days the colour gradually altered, and the expectoration assumed more the colour of that found in ordinary pneumonia, being tenacious and rusty. This patient was discharged on June 21st, about seven weeks having been spent in hospital. At the date of discharge there were signs of grave lung changes, and the pneumonic attack was evidently but the prelude to phthisis.

My desire in this paper is to emphasise the fact that in certain pneumonic conditions a sharp hæmorrhage at the initial stage is symptomatic of the attack, and is, as I believe, directly caused by the inflammatory hyperæmia. In such cases, where a severe hæmorrhage ushers in the attack, we shall find the inflammatory focus very frequently at one or other apex, and the physical symptoms of such a pneumonia are often more easily demonstrated at the posterior than at the anterior region of the chest. Such pneumonia, complicated with severe hæmorrhage, is peculiarly connected with lung tissue already the seat of chronic change, whether such change be due to deposition of tubercle or to chronic

inflammatory changes. In each of the cases quoted above there was a history of lung trouble, though in each case this trouble, as far as could be gauged by physical examination, was but small. It is a point of interest and of importance that four of the five cases were actually under observation at the time of the initial hæmorrhage. The first was under the care of Sir William Gull, who informs me that he had not detected consolidation of the apex previous to the attack of hæmorrhage; the second case was in hospital at the time of attack; and the other two patients were in attendance as out-patients. In one of these cases dulness at the apex had been noted before the attack of hæmorrhage. In each case the hæmorrhage was concomitant with a marked rise of temperature, which, I need hardly say, is not usually the case in simple hæmoptysis. In each case the rise of temperature lasted seven, eight, or nine days, and in each case, after the first day of illness, physical signs of pneumonia were easily demonstrated at the lung apex. If, as I believe to be the case, pneumonia of the apex, occurring in a lung predisposed to disease by either tubercle or chronic inflammatory changes, is liable to be complicated with sharp hæmoptysis, it will largely explain those cases of phthisis ab hæmoptæ the etiology of which appears as yet unsettled. In these cases the inflammatory disturbance which has given rise to the hæmorrhage is overlooked, and the hæmorrhage consequently regarded as the main factor in the expression. Looking at the later writers on this subject, I find that Hilton Fagge has noted the occurrence of hæmoptysis, followed by rise of temperature and subsequent consolidation of the apex, but he does not appear to have appreciated the real significance of the hæmorrhage, for he writes: "There is no doubt a *difficulty* in saying how the bleeding is brought about, but it seems very likely that the growth of tubercle in the walls of the alveoli may be attended with an invasion and softening of the coats of many of their capillaries, while at the same time the blood-pressure in them is augmented in consequence of compression of other capillaries."[1] When we think how often a lung is studded with tubercles, and how often in such cases there is no hæmoptysis worthy of the name, we must look for another cause than mere softening of the coats of the capillaries by a growth of tubercles in the walls of the alveoli. But, on the other hand, when we take into consideration the enormous hyperæmia which attends inflammation of lung tissue, a ready explanation of the hæmorrhage at once presents itself, a hæmorrhage which is concomitant with the well-known initial stage of pneumonia, the stage of engorgement. Paradoxical as it may appear, I believe that, within certain limits, the smaller the focus of inflammatory mischief the greater the liability to hæmorrhage, and this may possibly explain the fact that we find hæmoptysis a not uncommon symptom with pneumonia of the apex. Doubtless, deep-seated, concealed (as regards all physical symptoms) pneumonia is more common than is usually supposed. Clinically, I have met with several cases in which a sharp hæmorrhage has occurred concomitant with rise of temperature, and in which no physical symptoms could be discovered, at least by me. One such case I remember well. A strong, active, healthy gentleman was seized with sharp hæmoptysis after exposure to cold; there was slight fever and cough. I could discover nothing whatever in the chest. The attack gave but little real inconvenience. At the time now fourteen years ago, I looked upon the seizure as one of very grave portent. However, since then there has been no return of hæmorrhage symptoms pointing to delicacy of the chest. Another case was that of a young man aged nineteen, who was seized with a cough, fever, and hæmoptysis. I could detect no physical symptoms to account for the attack, but about seven days after the illness commenced I detected some large râles over the base of the right lung—râles, I believe, of crepitatio redux,—and I interpreted them as indicative of a small patch of deep-seated pneumonia which was undergoing resolution. This case occurred to me twelve years ago, and the subject of the attack has had good health since that date, and has no symptoms of chest weakness. Such symptoms may be explained by recognising that in connexion with a small focus of inflammation, surrounded, as indeed it must be, by a zone of intense hyperæmia, some of the gorged vessels give way, hæmorrhage results, and, as I believe frequently is the case, the patient gets rapidly well. Certainly, in the cases of apex pneumonia which I have referred to the progress was rapid as compared with an ordinary lobar pneumonia; the patients were not so severely ill. May not the severity of the attack have been mitigated by the local blood-let? It is not difficult to understand how many of these cases are overlooked as regards their true pathology. Given hæmoptysis as the marked symptom, with physician as with laity, one of the fundamental principles of treatment is complete rest and quiet. The chest is but rarely examined; beyond placing a stethoscope over its anterior surface, at most a few râles may be heard, which are explained by the presence of blood. If the temperature be high, it is accounted for by an inflammation set up by this blood. In these cases the posterior portions of the lung are but rarely examined, and I need hardly say that the apical portion covered with scapula and its muscles requires some care in examination. The dulness on percussion does not come out readily to a light tap; it requires a firm, decided stroke from the wrist; personally I find great use from a percussion hammer, and with it have found no difficulty in demonstrating the marked difference in note of the two apices when compared the one with the other.

Green-street, Park-lane, W.

[1] Fagge: Principles and Practice of Medicine, vol. i., p. 960.

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A CASE OF

## PUNCTURED WOUND OF THE LEFT ORBIT, FOLLOWED BY APHASIA; RECOVERY.

BY H. CAMPBELL POPE, M.D.,
AND
RICKMAN J. GODLEE, M.S.

THE following case is of interest, not only because the patient recovered spontaneously from a condition of apparently imminent danger, but also from the point of view of diagnosis, although the fact of his recovery leaves the actual lesion altogether a matter of uncertainty.

At 11.30 P.M. on Jan. 1st, 1886, about twenty minutes after the occurrence of the accident, Dr. Pope was called to see a man aged twenty-seven, who had received a stab with the point of an umbrella in the left orbit during a quarrel. He was of intemperate habits, having suffered from delirium tremens a year before, and had recently been eating very little and drinking considerably. When first seen he was suffering from shock, though he could be roused to a certain extent; he was vomiting at the time and had vomited previously; he had also involuntarily evacuated both the bowel and the bladder directly after the accident. There was a superficial incised wound along the whole length of the left upper eyelid, terminating just above the inner canthus in a circular puncture, from which a little blood was oozing. The finger was passed into this for an inch, and a probe cautiously introduced for an inch and a half in a direction upwards and slightly outwards, without striking against bone or detecting any loose fragments or perforation of the roof of the orbit. The wound was washed with water, and a pad of lint soaked in lead and opium lotion was placed over it. He was then taken home in a cab, a distance of half a mile, and on his arrival he had sufficiently recovered from the shock to be able to walk upstairs to bed, where he lay throughout the night in a drowsy condition, but vomiting at times. A little blood escaped from the nose. No paralysis of any kind was observed. On the following morning and throughout the day (January 2nd) he was perfectly sensible. The vomiting had ceased. There was considerable ecchymosis of the orbit. The pulse was 100. Three grains of calomel and five grains of powdered rhubarb were administered. But at about 8 P.M. he began rather gradually to talk incoherently, and did not recognise those around him, and this condition became more marked during the night, which was a very restless one. On the morning of the 3rd he was in a semi-conscious state, and could apparently only utter the word "Don't," and this he did only when the neighbourhood of the wound—which was now dry, swollen, and tender—was touched. The pulse was 80. A poultice was placed over the eye. He refused to take nourishment of any kind. In the course of the day the bowels acted once, and another dose of calomel (three grains) was given. By the evening the pulse was 100, and the temperature 101°. He was able to say "Don't" and "Go

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away," thus having apparently gained one more phrase—that is, supposing, as we think is indicated by the sequel, his lack of words depended from the first upon true aphasia. He passed no urine, and resisted attempts to pass the catheter, so that the urine was not examined, but when obtained afterwards it was found to contain no albumen or sugar. On the 4th he regained consciousness considerably, and took nourishment for the first time since the evening of the 2nd. The following phrases were used: "Don't," "No," "Yes," "Oh no," "Go away," "I know that," "Water," "Food," "I should like." The pulse was 90 in the morning and 110 in the evening, but owing to his restlessness the temperature was not taken. Between this time and the afternoon of the 6th his mental condition improved, and he acquired several new words, but he became very irritable in temper. He slept fairly, and took the mild food which was allowed him well. At 6.10 P.M., however, he had a severe convulsion, followed by another at 6.30, and three more during the next two hours. Those which were noted began with a drawing downwards and somewhat to the right of the lower jaw, accompanied by a chuckling noise in the throat. This was followed by violent spasms, at first clonic and then tonic, of the right arm (flexors of fingers, wrist, and elbow) and leg, the left arm and leg being subsequently similarly affected. There was also twitching of the eyelids and of the muscles of the chin, but there seems to have been no marked spasm of the facial muscles generally. The respiration was hurried and groaning, and a short period of unconsciousness followed each fit. We saw him together at 9.30 P.M., when the following note was made:—The pulse was 80, soft and regular; the temperature normal. The wound was covered with a scab, and there was some swelling of the orbit, and also subconjunctival ecchymosis. The eye was in normal position, and its movements appeared to be perfect. The pupil was, like that of the other side, of normal size; it was useless to question him as to his powers of vision. There was no paralysis of the face, limbs, or trunk. The tongue was protruded straight. Sensation was apparently everywhere normal. No reflexes, superficial or deep, could be obtained; but it was not easy to test them. He apparently did not understand readily what was said to him; but he put out his tongue when told to do so, and moved to the opposite side of the bed and grasped the hand after having been asked to do so several times. He often, in trying to speak, said nothing at all, mumbling in an awkward way with the tongue. His general answer was "Yes," with a slight lisp, often repeated; or "No," uttered in the same way. He occasionally stammered out a short and meaningless sentence. He was quite unable to write. A probe passed very cautiously into the wound revealed nothing new; it passed, as far as could be judged, directly towards the position of Broca's convolution.

The question of the advisability and justifiability of any surgical interference now arose. It seemed clear, from the hæmorrhage from the nose, that some injury to bone had taken place, and most probable that the point of the umbrella had actually penetrated the left frontal lobe. It was equally evident that the aphasia depended, not on an injury to Broca's convolution or the fibres underlying it at the time of the accident, but upon some subsequent changes either arising from hæmorrhage or inflammation, and of the two the latter was thought to be the most likely cause. We considered it probable, indeed, that it depended upon some septic inflammation in the neighbourhood of the island of Reil, and that therefore trephining over the temple would not afford any chance of relief, even if the symptoms had at the time been sufficiently severe to justify such a proceeding. The wound was probed, in order to see if any loose pieces of bone could be discovered which might have been removed. It must be added that it was impossible to avoid considering the very serious medico-legal aspect of the case, though the argument derived from this view told with almost equal force both in favour of and against an operation. Ultimately it was decided to place a horsehair drain in the wound, and apply lint steeped in boracic acid solution over the eye, but to do nothing more.

On Jan. 7th the patient was more sensible. He had had four fits since the previous night, the last one being very slight. He understood better what was said to him, though still obviously muddled and very drowsy. He was less irritable, and there was slight improvement in the power of speech, the following new phrases being gained: "Fred," "Soup," "Paper," "I have no pain." In the morning he was asked to write down what he would like to eat, and apparently made an effort to write the name of a person he wished to see. In the evening, on being asked to write his own name, he wrote twice over "Mcikk." We asked him to point out the "C's" in a large advertisement of Cadbury's cocoa, when he merely tapped all the letters one after the other, muttering "Yes, yes." There was no paralysis or alteration in the size of the pupil, and no vomiting. The horsehair drain was replaced by a small drainage-tube, but there had been hardly any discharge from the wound. The œdema of the eye had slightly increased. He often put his hand to his head as if in pain, but did not complain. The temperature was 98·2°, and the pulse 80 and soft. He was given a drop of croton oil, which produced eight free evacuations, and began to take ten grains of bromide of potassium every four hours. He would not keep an ice-bag on his head. On the 8th he had five convulsions, some more severe than others—at 7 A.M., 9 A.M., 11.10 A.M., 11.45 A.M., and 2.10 P.M. After the last he was unconscious for ten or twelve minutes. The pulse was 78 in the morning and 64 in the evening; the temperature 99° in the morning and 100° in the evening. He said "Please" as a new word.—9th: After a restless night, during which the ice-bag had been applied, he became completely unconscious from 8.30 A.M. to 10 A.M., on recovery from which he was much more rational than before. At 11.30 A.M. he had a convulsion almost limited to the jaw, and followed by a very short period of unconsciousness. Four other fits occurred during the evening, and now, for the first time, marked paralysis was noticed of the right side of the face and tongue, but none elsewhere. The temperature did not rise above 99·6°. The pulse was 64, and somewhat irregular. He had acquired a new phrase, "Thank you."—10th: Two convulsions of less severity. The paralysis of the face and tongue was marked in the morning, but by the evening that of the tongue had disappeared, and that of the face was scarcely visible. The temperature rose to 101·4° in the morning, but was lower in the afternoon. The breath was very offensive. The tube, which he had pulled out, was reinserted.—11th: In the morning the temperature rose to 102°, but it fell again in the afternoon, and he became much more intelligent, saying at 3 P.M., "Is he in the house?" (alluding to his friend Dr. Patterson, who had seen him the day before); also, "Are you going to bed?" "Thank you," "Better," "I feel see" (probably meaning "seedy"), "Quinine," and "Pearson" (probably meaning Patterson). In the evening he was quite intelligent, and said he could see with the left eye. The eyelids were now less swollen. He had no convulsions.—12th: The temperature rose to 102·4° in the morning and there was some delirium, but he recognised Dr. Pope. The pulse was 80; the tongue brown and dry; but this was followed by a most marked and sudden improvement, so that at 9 P.M. the following note was taken: No paralysis of face, tongue, or limbs; answers questions quickly and for the most part intelligibly, but is sometimes at a loss for a word, when he repeats "No" several times and shakes his head as if irritated; occasionally misunderstands a question—e.g., when asked to shut his eyes he shuts his mouth; says he remembers seeing Mr. Godlee four or five times; sees with both eyes and hears with both ears; movements of the left eye perfect, but the ball is somewhat prominent; pupils small, equal, and act well to light; swelling of orbit not greater, but still considerable; drainage-tube shortened to about an inch, as there is almost no discharge; says he has no headache now, but remembers having had severe pain. Can write his name rapidly; when he attempted to do so the first time he fell back in a slight convulsion; now he falls back as if exhausted, but no convulsion follows.—13th: He is now quite intelligent and speaks well, though occasionally making slight mistakes, which he laughs at; says he has known what words he wanted to use throughout his illness, but could not pronounce them; can count fingers at three feet with the left eye. The temperature was 100·2° in the evening of this day, but afterwards did not rise above the normal; the pulse from this date was always about 70.

It is needless to specify the daily condition from this time. He remained perfectly rational and talked well, with only an occasional stumble over a long word, which gradually became less and less frequent, and at last ceased to occur. He was kept in bed till the end of January, on a low diet, and continued to take the bromide for some time. Since then he has been up and going about the house and walking outside.

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He has occasional frontal headache, but principally on the right side. He talks well and reads a little, and he feeds like other people, except that he takes no alcohol. The wound has quite healed, and there is slight retraction of the eyeball.

It is useless in a case such as this, where the symptoms did not last more than a few days, to attempt to dogmatise as to the exact nature of the lesion; but it may be interesting to enter into a few speculations upon the subject. In the first place, though there is reason to believe, from the direction of the wound and the fact that there was hæmorrhage from the nose, that there was a fracture of the upper and inner parts of the wall of the orbit, there is no actual proof that there was a puncture of the brain. It is much more likely than not, however, that such was the case. In the second place, it is pretty clear that if the brain was penetrated, the loss of function did not depend upon the actual injury inflicted at the time, for the specific symptoms did not make their appearance until twenty-four hours afterwards. If we summarise the symptoms, it may be said that he presented almost complete "motor aphasia" (to borrow a definition from Dr. Gowers' excellent work on Diseases of the Brain), and that he was quite unable to write, while apparently throughout understanding, though in a sluggish way, all that was said to him. At a later period he had marked though transitory paralysis of the right side of the tongue and face, and also convulsive movements, principally involving the right side of the body, commencing with the muscles of the jaws and the upper extremity, and extending afterwards to those of the lower extremity and the other side of the body. If, then, we exclude the convulsive symptoms, about which nothing definite can be said, we may assume that those parts whose functions were interfered with were the third left frontal convolution and the lower parts of the ascending frontal and perhaps the ascending parietal convolutions, with possibly some part of the island of Reil, or else that the lesion was somewhere in the course of the fibres leading from these grey centres to the internal capsule. Now, as these parts do not appear to have been rendered functionless at the time of the accident, it is probable that this was effected either by hæmorrhage or by the extension of inflammatory mischief, and of the two the latter seems the most likely hypothesis; but whether the inflammation was of the nature of a cerebritis or a meningitis, or both, we are unable to say. It is not a little remarkable that this inflammation, though it must almost certainly have been septic, should have subsided so rapidly—indeed, that it should have subsided at all. A criticism may be made on the fact that the wound was twice investigated; but we think that this was good practice, as on either occasion it might have been possible, by removing a sharp projecting fragment of bone, to diminish subsequent risk; and on the second occasion the investigation might have led to the evacuation of some inflammatory effusion situated above the orbital plate of the frontal. When this proved impossible there was a considerable temptation to trephine the patient over the supposed seat of the lesion, and for this reason, as much as for any other, we think the case is worthy of record. Had an opening been made in the skull and some inflammatory lymph evacuated, or even merely exposed, as would most likely have been the case, and had the patient recovered, we should have no doubt ascribed to the operation a successful result which nature itself was able unaided to effect. If, however, the symptoms, instead of clearing up, had become intensified, and if the patient had become comatose, we should not have hesitated to apply the trephine, and, if no pus had presented itself beneath the dura mater, to have searched for an abscess beneath the cortex.

ANOTHER DEATH FROM WOOLSORTERS' DISEASE.—On the 7th inst., an inquest was opened at Bradford relative to the death of a man who had recently been engaged as a woolsorter, and who had just previously to his death been working at Cape mohair, which was, as he only too truly told his wife, "the wool they die on." Dr. McKenzie stated, as the result of a post-mortem examination, that deceased's death was due to anthrax, locally known as woolsorters' disease; and Dr. Hime, the medical officer of health, corroborated this evidence, and said that he considered it was of importance that fans should be fixed in the sorting rooms for the collection of the dust. The inquiry was ultimately adjourned.

## A MAN'S LEG COMPLETELY BITTEN OFF BY A SHARK WHILE BATHING IN THE SEA.

RESCUE, AND IMMEDIATE AMPUTATION ABOVE THE CONDYLES; RECOVERY.

BY F. ENSOR, M.R.C.S. ENG.,
SENIOR SURGEON, PROVINCIAL HOSPITAL, PORT ELIZABETH.

THINKING that the following record will be of interest to the readers of THE LANCET, I send the details while fresh in my memory.

On January 28th of this year Mr. R——, of this town, engaged in mercantile pursuits, went with a friend to have a dip in the sea at about 7 A.M. Visitors to South Africa may remember that there are two jetties projecting from the shore into deep water, A and B; the jetty B has been only a few months in use, and, being in close proximity to the Malay quarter, offal of fish has been constantly thrown into the sea here, and hence the appearance of sharks—those monsters of the deep,—which up to this time have not been common and no cause of fear or hindrance to sea-bathers. Mr. R—— and his friend having disported themselves in their usual way, Mr. R——, who was an expert, came out of the water, and resolved to have one more glorious plunge from the deck of the jetty; on rising to the surface he felt a sharp pain in the thigh, and before he could cry out received another horrid crunch, and down he went in the jaws of a huge shark. He struggled for a moment, and felt twisted about and shaken, then free, and with an instinctive effort, as he rose to the surface, made a supreme attempt to reach the landing stairs, which were close by. There were some lads on the jetty who saw the terrible scene, and one of them stretching out his hand fortunately grasped that of the unfortunate man, and brought him to the dressing-room; those present did what they could to staunch the bleeding by ligatures of towels, &c., and a doctor and a cab were sent for. My friend, Dr. Edwards, was very quickly in attendance, and in the hurry of the moment had snatched up from his table one of, I think, Martin's elastic rubber bandages and a piece of wadding; with this appliance he quickly and effectually stopped all hæmorrhage. Poor R—— was at once conveyed to the Provincial Hospital, and when I arrived, which was in less than an hour, he was on the operating table. Pale of course, but wonderfully collected, and with a fair pulse, he consented to an immediate amputation, which was performed by the surgeon of the day, Dr. Leslie; Dr. Uppleby, the assistant-surgeon, administering the chloroform in a careful and watchful manner. The circular operation was performed above the condyles, as near to the extremity as the lacerated tissues would allow; strict antiseptic measures were adopted, excepting the spray, and a good-sized drainage-tube was inserted, not transversely, but perpendicularly, by making two incisions in the skin. This method, I think, commands better drainage. The patient bore the operation well, and on waking up asked if it was all over. A quarter of a grain of morphia was injected, and later on at night half a grain.

Next day (the 29th) the report was as follows:—The patient had slept fairly, but complained of starting and tearing in the leg; reaction had set in; the gauze was stained through; no bleeding. The dressings were renewed at 12 o'clock. Diet: barley-water, milk, and beef-tea. He was very thirsty. His mental condition was hopeful and plucky. Two silk ligatures were used to tie two large arteries, a few smaller ones were secured by carbolic gut, and the edge of the wound closed by silver wire. A minimum of blood was lost only at the time of the operation. On the 31st the dressings were renewed; temperature 99°; stump looked well; drainage good; no pus or ill odour. On Feb. 1st he slept well without morphia; temperature normal, never above 100°. From this time recovery was uninterrupted, the wound remaining quite clean and free from ill odour. The chief trouble was the irrepressible agitation of the stump while being dressed, and considerable acute pain towards evening, which the mind referred to the foot which had been torn away.

It is very rarely, I imagine, that a human being who has once been in the terrible jaws of a shark has been saved, and more rarely still saved by surgical aid. I would venture to remark that the method by which my friend, Dr. Edwards, restrained hæmorrhage is worthy of notice—the covering of

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wadding and Martin's rubber bandage over the lacerated end of the femur; and the arrest of hæmorrhage was very complete. A few ounces more blood lost would have turned the scale. Would not this method be of use in cases where extremities have been torn off or crushed by machinery or by a heavy waggon? You save all blood between the ligature and the end, and avoid bruising skin, muscles, and nerves by a ligature too often applied with unnecessary force. On examination of the part removed, there were the distinct marks of the serrated edge of the shark's teeth on the outer condyle of the femur, two-thirds of which had been, as it were, sawn through; the monster must have caught the poor fellow's leg obliquely, crushed through the condyle, and wrenched the leg off, going obliquely across the joint. There were also three wounds of the skin on the same side just below the rim of the pelvis, where the shark first caught him. These healed kindly, being dressed antiseptically at the time of the operation.

March 1st.—Met Mr. R—— this morning near his house making his first essay with the crutches; he was looking well, but still troubled with pain in the absent foot. I advised him to try to do without morphia. The brain, by-and-by would cease to remember, and find it "wiser to forget."

# A Mirror
## OF
# HOSPITAL PRACTICE,
## BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## LONDON HOSPITAL.

### SEVERE URETHRAL STRICTURE TREATED BY PERMANENT SUPRA-PUBIC DRAINAGE OF THE BLADDER; REMARKS.

(Under the care of Mr. FREDERICK TREVES.)

THE following case is a very unusual one. That a patient should have had a traumatic stricture of the urethra causing difficulty in micturition for nineteen years, and for seven years dribbling of urine, and at the end of that time, when an operation is required for complete retention, no evidence of either cystitis or renal disease, is extraordinary. The treatment adopted in the case appears to have been completely successful, and the patient is now in a condition far more comfortable than that which preceded the retention. The method of treatment adopted is not by any means a usual one in traumatic stricture, and we would refer our readers to the remarks made by Mr. Treves on the case.

A man, aged fifty-five, was admitted on August 23rd, 1885, suffering from complete retention of urine of thirty hours' duration. The patient was a bricklayer, and had worked regularly till within twenty-four hours of his admission. He was thin, appeared to be in feeble health, and for a long time had felt too weak to follow his employment. He gave the following history. He had never had any form of venereal disease. Twenty years ago he fell from a scaffold and alighted upon a beam in a sitting posture, striking his perineum. A great deal of blood escaped from the urethra, and the perineum and scrotum were much ecchymosed. There can be no doubt that he ruptured his urethra. He received no local treatment. He appears to have then presented some symptoms of cystitis, which soon subsided, leaving him apparently well. Within a year of the accident, however, he began to experience some difficulty in micturition. This trouble slowly increased, and at last he was unable to pass any urine voluntarily, and it constantly dribbled away in drops. He could not keep himself dry either by night or day. For the last seven years he has worn a urinal, and has never passed urine voluntarily. For seven years his bladder has been so distended as to be visible as a tumour above the pubes. This extraordinary statement is fully confirmed by the patient's wife. He never had to discontinue his work, and he has never had any instrument passed into his urethra. He often had sharp pain in the abdomen and about the perineum. During the last eight years his wife has ceased to have children.

On admission the bladder appeared as a conspicuous tumour that reached the umbilicus. The abdominal walls were flaccid. There was no enlargement of the prostate, but there was a considerable bulging of the bladder into the rectum. A stricture could be felt through the perineum just in front of the triangular ligament, as a dense cartilage-like cord about an inch and a half long. The urine was alkaline and a trifle ammoniacal. On standing, an inconsiderable deposit of muco-pus mixed with phosphates formed. There was no more albumen than the organic deposit would account for. There was no evidence of any renal disease nor of any distension of the kidney. An examination of the other viscera gave negative results. The man's clothes were wet with urine. He stated that in spite of the urinal he had difficulty in keeping himself dry, and when in bed the urine was allowed to drip upon clothes placed to receive it. The skin about the perineum was excoriated in places, and was the seat of a slight form of eczema. No instrument of any kind could be passed, although patient trial was made. Opium and croton oil were administered and a hip-bath ordered. The result was that the urine again began to dribble away, although only in very small amount.

Aug. 27th.—Relief has only been obtained by the continued use of opium and warm baths. All attempts at passing instruments have failed. The urine dribbles away in diminishing amount, and during the last two days only when the patient is in the bath. The bladder reaches the umbilicus. The patient is much prostrated, is unable to sleep, and has lost his appetite. The temperature is normal. The bladder was punctured to-day by Mr. Treves above the pubes. A rectum trocar was used and the cannula tied in. Three pints of urine were removed.

The patient did well, with the exception that between Sept. 6th and 9th he experienced a sharp febrile attack, due apparently to hospital sore-throat. Apart from this the temperature never rose above normal. Within a few days the metal cannula was replaced by a soft rubber catheter. In the case of both these instruments a tube was attached to the free end and carried to a receiver beneath the bed, so that the bladder could be kept always empty. On Sept. 12th a soft rubber empyema tube was introduced after having been cut down to about three inches in length. This was retained by a simple contrivance of bands and elastic cords and closed with a wooden plug. The patient got up, and was discharged on Sept. 19th. At the time of his discharge the urine was acid, perfectly healthy, and free from all deposit. The patient emptied the bladder four times daily by removing the plug. He retained his urine all night. He had remained quite dry both at night and during the day. After two days' rest at home he returned to his work.

May 25th, 1886.—The patient came to the hospital to report himself. He has gained a stone in weight since September, and enjoys better health than he has known for some years past. He has followed his employment without interruption. He has passed no urine by the penis since he left the hospital. The same tube is retained, and gives rise to no inconvenience. No urine has ever escaped from the fistula, and he can now keep himself quite dry. He empties the bladder about four times daily. The urine is perfectly normal.

*Remarks by* Mr. TREVES.—One very conspicuous feature in this case is the fact that the bladder remained fully distended for seven years, and during that time was only relieved by the overflow attending distension. The absence of any obvious kidney trouble is worthy of note. It has been many times pointed out that in cases of chronic partial retention—as, for example, in that associated with hypertrophied prostate—the urine will remain healthy until a catheter is introduced. Every surgeon must have met with cases of enlarged prostate with persistent unemptied bladder, where the viscus has remained distended for many months and relief has been afforded only by overflow, but where no catheter has been used, and the urine passed has remained perfectly normal. With the commencement of catheterism commences the cycle of troubles that depend upon decomposed alkaline urine. In THE LANCET of April 10th, 1886, p. 722, Dr. Robinson describes a case of enlarged prostate that I saw in consultation with him. In this case the bladder had been sufficiently distended to reach the umbilicus, and that degree of distension it had maintained for at least eight or nine months. Yet no inconvenience was experienced, and the urine was quite normal. A catheter was introduced into the bladder for the first time, and since then I understand the

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urine has become alkaline and mixed with muco-pus, and symptoms of cystitis have arisen. In the present patient the distension caused trouble mainly from overflow, but the urine had become unhealthy, although no instrument had been introduced, yet so slight was the modification in the composition of that fluid that it rapidly became normal without specific treatment. It would appear therefore that there is still much to learn in connexion with chronically unemptied bladder. In severe and extensive forms of stricture it can hardly be claimed that perineal section is a successful method of treatment; in hospital patients, at least, it does not commend itself. Even cases that do well for a time are practically certain to relapse, owing to the patients' neglect of the after-treatment. In the present case perineal section was the only alternative left. The state of the patient's health, the extent of the stricture, and the improbability that the man would be an intelligent party to any prolonged measures for cure, were all obstacles to that operation. As events proved, the man was not kept from his work for more than four weeks—a circumstance that could not have been contemplated had an external urethrotomy been performed. It is worthy of note that the tube has never caused the least disturbance, and that no urine has leaked out by its side, although the patient follows a laborious employment.

## ST. OLAVE'S UNION INFIRMARY.

### A CASE OF RECURRENT PROLIFEROUS CYST IN A WOMAN OF SIXTY-THREE; OVARIOTOMY TWICE WITHIN NINE MONTHS; RECOVERY.

(Under the care of Dr. R. J. SHEPHERD.)

ELIZABETH B——, aged sixty-three, was admitted on June 26th, 1885, suffering from tumour of the abdomen, with a history of between two and three years' duration. She was otherwise in good health. Dr. W. Beech Johnston, having been called in, confirmed the diagnosis, and also the prognosis that the case would be likely to do well. On Aug. 7th, bichloride of methylene was given by Mr. V. A. Jaynes, and Dr. Shepherd, assisted by Dr. W. Beech Johnston' Dr. Malpas, and Mr. W. Steer, performed ovariotomy with strict antiseptic precautions. The tumour consisted of two large cysts, each about the size of a cocoa-nut, and of a prodigious number of smaller cysts from the size of a pea to that of a goose's egg. The pedicle, of a good length, was tied with carbolised silk and dropped back. The operation was a very simple one; there was no difficulty, and no ligatures were required. The sutures were removed on the eighth day, and when next the dressings were removed the wound was healed. Severe tympanites occurred on the third day and gave rise to some anxiety, but the temperature did not rise. It was probably caused by reflex irritation from a tight suture, of which some misgivings had been felt, and it subsided on its removal. Otherwise convalescence was uninterrupted and the patient grew quite fat.

Early this year it was plain that the woman was again the subject of ovarian tumour. She was urged to submit to its early removal, but refused till April 19th, when she again underwent the operation of ovariotomy. The tumour was the counterpart of its predecessor, only smaller. The pedicle was longer and had become twisted on itself, so that it had to be untwisted four or five times before the ligature was placed around it. The operation was even easier than before. She never had a bad symptom, and is now well.

## INGHAM INFIRMARY, SOUTH SHIELDS.

### COMPOUND COMMINUTED FRACTURE OF THE PATELLA; RECOVERY WITHOUT OPERATION.

(Reported by Mr. H. BRAMWELL.)

IN his remarks Mr. Bramwell said that, having read an account of a case of this nature given in THE LANCET of May 8th, treated by suture of the patella, he was led to report the following case. It shows how little constitutional disturbance may follow such a serious injury if the parts be rendered aseptic.

The patient, aged twenty-four, had fallen from a scaffold, the right knee striking against some bricks while in the flexed position. On admission, March 17th, 1885, at 5.30 A.M., there was an irregular wound over the front of the right patella, bleeding freely. The finger could be passed directly into the joint through the patella, which was divided into three portions—an upper (largest) and two unequal lower ones, that on the outer side being the larger of the two. The limb was immediately placed in a long back splint, reaching up to the gluteal fold, and the tissues of the thigh drawn downwards by two strips of strapping placed on the sides, fastening to the splint below. The limb was firmly bandaged to the splint, leaving the knee exposed, and the whole raised so as to flex the thigh on the pelvis. The knee-joint was now thoroughly washed out with 1 in 2000 perchloride solution, covered with a thick layer of salicylic wool, and bandaged with a convergent spika of elastic webbing.

March 18th.—Has passed a good night; temperature 99·8°; pulse 76; a little discharge through the dressing. Some 1 to 20 carbolic oil was poured over the part and more wool placed outside. Joint a good deal swollen.

19th.—Morning temperature 98·4°; evening 99·9°; pulse 86. Leg quite easy.

22nd.—Has been fairly comfortable; had a little pain; temperature and pulse normal; the swelling in the joint still continues. Superficial dressings removed under spray; that immediately in contact with the wound not removed, being caked with blood into a firm clot. The joint was aspirated, and about two ounces of blood-stained fluid withdrawn.

25th.—Temperature and pulse normal. Fluid has again accumulated. One ounce of fluid containing blood and a few pus cells drawn off with the aspirator.

31st.—All dressings removed; wound quite superficial; fragments are lying in good position. A little fluid in the joint.

April 6th.—Wound quite healed; the fragments of the patella brought firmly together by a spika of elastic bandage.

17th.—Complains of a "pulling pain in the knee."

May 1st.—Splint removed. The fragments of the patella are firmly consolidated together; no interval can be detected between them, and it is universally hard all over. The right patella is half an inch longer than the left. Patient can move the joint freely; much flexion not attempted for fear of breaking down the union. A stiff bandage applied.

June 16th.—Patient presented himself after being at his work a fortnight. He uses the leg freely, there being slight stiffness in the knee, only inconveniencing him when he wishes to kneel. The two larger fragments are still firmly united; an interval can be detected between the lesser and the remainder.

# Medical Societies.

## WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

### *Hereditary Syphilis in Infants.*

AT the meeting on May 7th,

Drs. COLCOTT FOX and J. B. BALL read a paper on some cases of Hereditary Syphilis in Infants in which the Bones were affected. The paper was illustrated by drawings and a number of pathological and living specimens. The latter included six infants with typical Parrot's natiform bossing of the cranial bones. The following cases, mentioned by the authors, in which the phalanges were involved, are worthy of record. Case 1: William S——, aged ten weeks; fed at the breast only; the first child; born at full time and not preceded by any miscarriage. Snuffles almost from birth; dirty pallor of skin; hoarseness; noted papular syphilides; pseudo-paralysis of right arm, which remained hanging and pronated against the side of the body. Thickening of the upper part of the right radius and ulna, causing evident swelling. Hard swelling of the proximal segment of the index-finger. Rapid improvement and ultimate cure under powdered mercury and chalk. Case 2: Albert Y——, aged eight weeks and a half; brought up at the breast only; the fifth child. Two immediately previous children died at six weeks of age with an eruption, and another was stillborn. A——, had snuffles and hoarseness from birth and an erythematous syphilide about the buttock from a fortnight old. When he came under observation he had desquamation of soles of feet, *café-au-lait* tint of skin, and a spleen reaching two fingers' breadth below ribs. He was marasmic and cried

a great deal when touched or moved, and could only move the arms very feebly indeed, and the left leg only very little. The mother had noticed this for some time. There was swelling of the hands, chiefly visible on the dorsal aspect, and enlargement of the metacarpal bones. The digits were also swollen, and each separate phalanx on both hands was felt to be thickened, and presented to the eye a distinct fusiform enlargement. Nails normal. The left humerus and the left radius and ulna were decidedly enlarged in their lower fourths, with crepitus at lower end of left humerus. The right radius and ulna were thickened at their upper portion. Both feet were swollen, especially on the dorsum, with thickening of the metatarsal bones. The lower end of the right tibia, the left femur, and the upper end of the left fibula were thickened, and also the whole of the left tibia, especially at the lower part. A soft spot was noted at the outer and back part of the left parietal bone, and a week later a similar very distinct spot in the frontal bone, and subsequently some more cranio-tabes in the frontal about the outer angle of the orbit, which disappeared in three or four weeks. The lesions steadily subsided and the general health improved under powdered mercury and chalk, and in three months all traces of swellings and the pseudo-paralysis were gone. In the first case recorded of infantile syphilitic dactylitis—viz., Archambault's case in 1869—all the distal phalanges were involved; but in others by Bulkley, Curtis, Smith, Taylor, and Cripps Lawrence, the distal phalanges were more or less affected. The authors, whilst fully alive to Taylor's note of caution concerning the middle phalanges, determined that every one was involved in Albert Y——, so that the case is quite unique.

## ACADEMY OF MEDICINE IN IRELAND.

### *Extroversion of the Bladder.*

A MEETING of the Surgical Section was held on Feb. 19th, Dr. E. H. BENNETT submitted to the section casts of the original deformity and of its modification by Wood's operation in a case of Extroversion of the Bladder. The patient was a female, on whom the first operation was performed three years ago, when the child was a year old. Previous to the operation the urine was frequently observed to flow *guttatim* from the orifices of the ureters, the deformity being of the ordinary variety. The first operation effected the complete covering of the exposed bladder surface, but as the wounds healed a considerable shrinking of the flaps took place, and the orifices of the ureters were again exposed. After some months the urinary flow was seen to take place in irregular squirts, not *guttatim*—a condition which could only be explained by assuming the existence of dilatation of the ureters. Two operations, which consisted in the paring of the edges of the flaps, converging in the middle line, served to close the opening in which the vesical membrane was exposed as far down as the cleft clitoris. Nothing now remained but to adjust an apparatus for conducting the urine into a proper receptacle. Attempts in this direction were commenced in June, 1885, when the child was four years old, and when an interval of many months had elapsed after the last operation. At this time the child did not appear in as good health as previously, and this failure increased slowly until her illness became extreme. Her death was brought about by constant vomiting and wasting. The examination of the pelvic viscera and site of the operation proved that the cause of death was purulent inflammation of the ureters and pelves of the kidneys, with great dilatation of the ureters.—Mr. WHEELER said he had two cases eight years ago, which were of interest on the subject—one of external eversion of the bladder, and the other of ectopia vesicæ with fissure. The external eversion of the bladder occurred in a young woman aged nineteen. Her anus was put forward. She had a short narrow vagina, and the uterus could be easily felt on pushing up the finger into it. On looking at the bladder, the two ureters could be seen, which dropped urine sometimes together and sometimes alternately; while occasionally, the urine being held, there would be a squirt. He turned down a long umbilical flap, and then two pyriform flaps at each side. The flaps came nicely together. The umbilical flap fitted in by the side of those which overlapped and were brought together by hare-lip pins. For some time the case progressed favourably, but the urine trickled down underneath the flaps, and there did not seem to be retention. The side flap and portion of the anterior flap sloughed. Besides having the abdominal wall open, the anterior wall of the bladder was absent. The girl would not be operated upon again unless she was promised a cure. The second case was that of a young gentleman who had got ectopia vesicæ with a hypospadias. He made an excellent recovery following the operation, and he had a certain power of retention, though obliged to wear an artificial apparatus to catch the urine.—Dr. MILES thought the most interesting point was the dilatation of the ureters from the pressure of the flaps, and suggested that it might be overcome by the contraction of the fibres of the ureter.—Mr. STOKES said he was not disposed to adopt Wood's operation, there being such a redundancy of tissues on each side of the opening, and under the circumstances he considered two square-shaped flaps brought together over the mesial line would be sufficient. Another objection to Wood's operation in the case of adults was that the turning back, and having a hairy surface on, the lining of the membrane of the bladder might lead to troublesome consequences by the formation of phosphatic deposits, unless steps were taken first to destroy the hair.—Dr. BENNETT having replied, the section adjourned.

## SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

A MEETING of the Society was held on April 22nd, Mr. R. J. Pye-Smith, President, in the chair

*Congenital Tumours of Orbit.*—Mr. SNELL related this case, which occurred in a young woman. The tumours were subconjunctival at the outer side of each orbit. Both have been removed. The patient had also partial coloboma of one eyelid, and absence of the greater part of the external ear on one side. Mr. Atkin examined the tumours with the microscope, and described them as "mixed" tumours.

*Salivary Calculus.*—Dr. HARGREAVES exhibited a calculus from a man aged forty-five. It measured half an inch long and one-sixth of an inch wide. It was in connexion with the submaxillary gland, but instead of coming by the duct it ulcerated through the mucous membrane posterior to it.

*Dentigerous Cyst.*—Mr. GARRARD related this case. It occurred in the lower jaw.

*Communication between the Stomach and Transverse Colon.*—Mr. JEFFREYS (Chesterfield) showed the specimen from a man aged fifty-four, a retired publican. Pain over and enlargement of the liver were first noticed in May, 1884. Later there had been several attacks of profuse offensive expectoration, and they lasted a considerable period. Emaciation steadily increased. On Feb. 16th last he had a severe syncopal attack, and shortly after stercoraceous vomiting set in; this was preceded by severe diffused abdominal pain. He suffered a great deal from constipation, and enemata were used. On Feb. 27th he passed a large piece of necrosed tissue, accompanied by hæmorrhage. He died on March 2nd from exhaustion. At the post-mortem a large cavity was found containing pus, and extending from the lower part of the transverse colon to the under side of the diaphragm; the spleen formed the outer, and the posterior wall of the stomach the inner, boundary. The stomach, through an opening in its posterior wall, communicated with this cavity, as did also the posterior part of the transverse colon; there was also an opening (from the abscess cavity) through the diaphragm, and at this point the left lung was adherent.

*Contamination of Drinking-water with Lead.*—Mr. PYE-SMITH referred to the large field at present open in Sheffield for observation of the effects of the contamination of drinking-water with lead, and after quoting the opinions of various authorities as to the probable frequency of unrecognised cases of chronic plumbism in the absence of the usual pronounced symptoms, he mentioned several classes of cases he had met with where he suspected lead to have been the cause of the symptoms—namely, cases of severe functional derangement of the circulation and digestion without signs of organic disease, cases of arthralgia and myalgia, of nerve disturbance, and of abortion. All the cases referred to occurred within the area supplied by the Redmeres water, and the majority of the patients showed evidence of the presence of lead in the body by a blue line on the gums.—Remarks were made by Dr. Martin, Dr. Porter, Mr. Garrard, and Dr. Keeling.

# Reviews and Notices of Books.

*A Manual of Practical Therapeutics, considered with reference to Articles of the Materia Medica.* By EDWARD JOHN WARING, C.I.E., M.D., Fellow of the Royal College of Physicians of London. Edited by DUDLEY W. BUXTON, M.D., B.S., Administrator of Anæsthetics at University College Hospital and the Dental Hospital of London. Fourth Edition. London: J. and A. Churchill. 1886.

*Materia Medica and Therapeutics: Vegetable Kingdom; Organic Compounds; Animal Kingdom.* By CHARLES D. F. PHILLIPS, M.D., late Lecturer on Materia Medica and Therapeutics at the Westminster Hospital. London: J. and A. Churchill. 1886.

*A Guide to Therapeutics.* By ROBERT FARQUHARSON, M.P., M.D., LL.D., late Lecturer on Materia Medica at St. Mary's Hospital. Fourth Edition. London: Smith, Elder, and Co. 1886.

*Materia Medica and Therapeutics: an Introduction to the Rational Treatment of Disease.* By J. MITCHELL BRUCE, M.A., M.D., Physician and Lecturer on Materia Medica and Therapeutics at the Charing-cross Hospital. Third Edition. London: Cassell and Co. 1886.

"OF making many books," saith the Preacher, "there is no end"; and this is undoubtedly true of the production of new editions of works on Materia Medica and Therapeutics. We are not sure that we might not add that such study is a "weariness to the flesh," but this might perhaps savour of ungraciousness, especially as the four works before us are all excellent in their respective ways and deserving of detailed criticism. The place of honour must be assigned, on the ground of seniority, to Dr. Waring's excellent "Manual of Practical Therapeutics," the first edition of which, if we mistake not, appeared in 1865, and the last in 1871. The present issue is the joint production of Dr. Waring and Dr. Dudley Buxton. The text has in many places been judiciously curtailed, and it is now not only a thoroughly practical work, but a capital text-book for students. The introduction, which is apparently new, is charmingly written, and is a type of all that such an essay should be. The book is from beginning to end well up to the times, and we find in it abundant information on all that relates to picrotoxine, pilocarpine, agaricin, hamamelis, piscidia, casca, cascara sagrada, tonga, extract of malt, Warburg's tincture, and a host of other drugs and preparations concerning the uses and properties of which examiners in these progressive times are apt to be inquisitive. The chapter on Coca—which we are glad to see is not spelt "cuca"—is thoroughly practical, and contains brief references, admirably digested, to nearly all that has been written on the subject. The notes on Ethidene and other anæsthetics—a word which, by the way, was introduced by Oliver Wendell Holmes—are to the point, and show the trace of a master-hand. An attempt has been made to classify the various extracts of malt according to their activity. A very able account is given of the therapeutic uses of the various oleates, frequent reference being made to the valuable observations of Shoemaker of Philadelphia. The influence of Dr. Waring's long Indian experience and extensive reading is everywhere noticeable, the work being as scholarly as it is practical. We can only repeat that in its present form it is essentially a book for students, and that its production reflects the greatest credit both on the author and the editor. The veteran therapeutist who gave us the "Bibliotheca Therapeutica" has added another leaf to his laurels, and we trust that his excellent "Manual of Therapeutics" will pass through many more editions under his care, and long maintain the high reputation in which it is deservedly held.

Dr. Phillips's bulky volume is a revised, enlarged, and almost entirely rewritten edition of the "Vegetable Kingdom," which appeared in 1874. Taken in conjunction with the "Inorganic Substances," by the same author, it constitutes a complete work on Materia Medica. It is a wonderful compilation, and is almost encyclopædic in character. If there is a fault to be found with it, it is that in places it is a little too conventional in character. Dr. Phillips, in his desire to be just to others, is too apt to sink his own individuality and to leave us in doubt as to his opinion on the subject under discussion. Such modesty would be commendable in a novice, but is uncalled-for in one who, like Dr. Phillips, has attained a high reputation as an authority on therapeutics. The whole work is divided up in a manner which greatly facilitates reference, the materials being admirably classified and arranged. The author gives such a good account of the uses of pulsatilla that we are at a loss to understand why it should again have failed to obtain a place in the Pharmacopœia. The remarks on Apomorphia—or Apomorphina, as it is now called—are practical, and indicate a thorough acquaintance with the literature of the subject. Sanguinaria canadensis receives more attention than is usually devoted to it in English works on Materia Medica, and the article will be perused with pleasure. An excellent *resumé* is given of our knowledge of Quebracho, respecting the value of which in the treatment of various forms of asthma there is still much difference of opinion. The chapter on Belladonna is excellent, and deserves careful study. The observations on Pepsin are perhaps a little unsatisfactory, and we are surprised to find that not only has no attempt been made to classify the various preparations according to their activity, but that, curiously enough, Dowdeswell's classical paper is not even mentioned. In the article on Nitro-glycerine there are several misprints, one of the most noticeable being that which assigns 1883 as the date of Mr. Field's well-known article on the physiological action of this remarkable drug. These, however, are but trivial errors, in no way affecting the general value of the work, the production of which reflects the highest credit on the author. The magnitude of such an undertaking, extending over so many years, cannot be over-estimated, and we heartily congratulate Dr. Phillips on the completion of his task. The book will have its value recognised both here and on the Continent.

It is always a pleasure to turn to Dr. Farquharson's "Guide to Therapeutics." He writes clearly and forcibly, and in a manner which commands our attention and respect. He is evidently an uncompromising opponent of the new Pharmacopœia; and, after giving a list of the seventeen omitted articles, says: "I would gladly have seen the list much more extended and made to include a large number of utterly useless articles which still linger on in our text-books, and whose reputation depends on a mysterious and unscientific catalogue of supposed virtues handed down from one generation of authorities to another. I should like to have seen a clean sweep of many of these, and must express some disappointment that official sanction has not been given to lightening the pages of our manuals of materia medica and the memory of our over-taxed student of many drugs which no one ever dreams of prescribing, and which in some instances probably could not be found if they were wanted." The arrangement Dr. Farquharson adopts is very popular with students, who find it of the greatest assistance in preparing for examinations. It might be supposed that the author, with his numerous engagements, political and otherwise, would experience some difficulty in keeping abreast of the progress of an advancing and exacting science such as pharmacology; but there is no sign of falling off, and the book is as accurate and as tersely written as of yore. The author acknowledges in graceful terms his indebtedness to his friend Mr. Carteighe, the President of the Pharmaceutical Society.

Dr. Mitchell Bruce's "Materia Medica and Therapeutics," has rapidly attained the dignity of a third edition. It contains a great deal of useful information in a condensed and practical form. We are afraid we must object to the definition given of pharmacology, which certainly does not "include the whole subject of materia medica and therapeutics," and has, in fact, very little to do with either. The account of sulphide of calcium—or calx sulphurata, as it is now called—is curiously imperfect, and no indication is given as to the best mode of administration. The definition of extract of malt and its preparation are both open to criticism, and objection might be taken to the statement that it should not be administered "less than two hours after a meal." The dose of tincture of aconite is said to be from five to fifteen minims, but no warning is given as to the necessity for caution in the employment of these massive quantities. It is stated that the hypodermic injection of apomorphina "should be prepared as required," but we are not told that this is wholly unnecessary, and that it acts equally well and promptly however long it may have been made. These are but small matters perhaps, but they are of importance. The work on the whole has been carefully prepared, and the author very properly does not confine himself within the narrow limits of the British Pharmacopœia, but gives short notes on homatropine, duboisine, strophanthus, agaricus, pyridine, and other remedies. We are glad to find that he refers to the fact that atropin can be resolved into tropin and tropic acid, and reconstructed by the synthesis of these bodies. The book is clearly written, and is sure to be popular with students preparing for the various pass examinations in materia medica.

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*Food and Feeding.* By Sir HENRY THOMPSON, F.R.C.S. Fourth Edition, Revised and Enlarged. London and New York: Frederick Warne and Co. 1885.

*Diet in relation to Age and Activity.* By Sir HENRY THOMPSON, F.R.C.S. London: Kegan Paul, Trench and Co. 1886.

WE are very glad to find the publications of Sir Henry Thompson on Food questions so much appreciated and in such demand as is implied in a fourth edition of "Food and Feeding," and the separate publication of his article on "Diet in relation to Age," which appeared originally in the *Nineteenth Century*. It may seem incongruous for one of the foremost surgeons of the world to concern himself about questions of food and cookery. A man of less authority, it might seem, would have done better than to descant on the advantages of braising as compared with roasting, or to supply a few pages of *menus* for those who want to construct their dinners in a way that meets at once the demands of fashion and the requirements of physiology. But only a superficial reader of Sir Henry Thompson's writings will thus judge. For ourselves, we accept entirely his main principles, and much admire his lucid enunciation of them. We can see nothing but the most practical benevolence in Sir Henry Thompson's expositions on this subject, which, we can well believe, have originated in the peculiar experience which he has in the department of practice of which he is *facile princeps*. The main points of Sir Henry Thompson's teaching are that as a nation we are heavy in our feeding and in our ideas about it. Our notions of weakness, and the cure of it by huge quantities of meat, are as coarse as the uric acid crystals to which they lead, and which compel many men to seek the professional services of Sir Henry and his colleagues. For ourselves, we are not learned enough in culinary science to criticise the details of Sir Henry's *menus*, but on medical grounds we entirely and very earnestly endorse his teaching that we require less meat and more vegetables in our diet; that our alcohol should be greatly reduced; that the large substitution of fish for meat would be an unmixed benefit; and that as age increases and the activity of life diminishes, our food, and especially our animal food, should be correspondingly diminished. It would be difficult to over-estimate the good Sir Henry Thompson has done as a surgeon; but we are disposed to say that it is not greater than the good he is doing by his publications on the principles of diet and good cooking; and those whose duty it is to undergo the slow process of martyrdom by public dinners ought to be specially grateful to him for trying to lighten the fare both of the *menu* and the toast-list, which are seriously threatening to drive all reasonable men from public dinners.

# New Inventions.

## A NEW INSTRUMENT FOR CASES OF EMPYEMA.

IT is admitted at the present day that a suppurating pleural cavity should be treated on the same principles as an abscess in the cellular tissues or in the substance of an organ—viz., by free incision and subsequent free drainage. The tubes here shown were designed especially for cases of empyema. The instrument consists of a couple of short tubes, 1 in. to 1½ in. long, and ⅜ in. in diameter, welded together side by side, at one end of which is a narrow flexible plate. The length of this double tube is made to vary so as to adapt the instrument to the varying thickness of the chest wall in different cases. The method of using it is as follows:—A free incision having been made, so that the opening in the parietal pleura as well as that in the skin shall be about 1½ in. in length, and the distended cavity relieved, the instrument is inserted, and then fastened to the chest wall either by strapping or tapes attached to the flexible plate, which acts as a flange. This plate lies close to the chest wall, and prevents the tubes either slipping in or being forced out. The cavity can then and at subsequent dressings be irrigated by the "syphon" rubber tubing which accompanies the instrument, being passed through one of the openings. The discharges and injected fluid have an equally free exit through the other tube. By this method the suppurating cavity can be completely washed out without fear of distending the cavity, and thus breaking down delicate newly formed adhesions. There is no occasion to pass the rubber tubing more than one inch within the chest wall. Two large-sized rubber tubes were successfully used on this principle in a recent case; but the instrument shown in the engraving is intended to reduce many little inconveniences and some slight disadvantages attending their use. It is made in either rubber or metal, the latter being used where there is trouble or danger from approximation of the ribs. I am indebted to Messrs. Arnold and Sons for so well carrying out my design. T. FREDERICK PEARSE, M.D.

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AT the annual meeting of the supporters of the Paddington-green Children's Hospital on the 11th inst., it was stated that the work of the institution continues to expand, and it is proposed by means of new buildings to increase the accommodation.

# THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

WEDNESDAY, JUNE 9TH.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

THE PRESIDENT stated that he could now inform the Council that it was the intention of the Government to endeavour to pass the Medical Bill before the session closed, if they could get any Bill at all through.

The Council again resolved itself into committee to consider the reports by the Visitors of the final examinations.

Dr. MCVAIL, referring to the criticisms passed on the Glasgow examinations with regard to students acting as clinical clerks and obstetricians, said if the students were properly distributed throughout the hospitals of Glasgow, there would be ample material for everyone. Each teacher would have only twenty-eight students, and each student would have throughout his course the entire charge of two beds. That would be the result if the teachers were not also examiners. The result of the present state of things was that the larger of the two hospitals in Glasgow (the Royal Infirmary) had not at present a single university student attending it. The average number of such students attending was about one per annum, the highest number having been four. In the Western Infirmary some of the non-professorial teachers had extremely small classes, while the professorial classes were crowded. The question was one of great importance in Scotland, and it could not be settled so long as the examination was limited to teachers. It was true that there were assessors, but only in the proportion of nine to eleven. Until the present system was changed the great clinical field of Glasgow would not be utilised.

Dr. PETTIGREW said that in Edinburgh many of the extra-mural lecturers were examiners.

Dr. MCVAIL said there was not a single case of an extra-mural lecturer being an examiner in Glasgow, except in the case of pathology.

Dr. PETTIGREW said there was no doubt a difficulty with regard to coadjutor examiners, but it might be got over by their being appointed by the Council or some other competent body.

Dr. CHAMBERS said that, according to the list he had made out, it was almost impossible for the University of Glasgow to elect as examiners those who had not been teachers there. Of the graduates only thirty-three had attained eminence in their profession, and of these twenty-four were teachers. If, therefore, the examiners were not to be teachers there, they must be men who had no connexion with Glasgow at all.

Dr. MCVAIL said he would not restrict the examiners to Glasgow men.

Sir DYCE DUCKWORTH quite agreed that there was a great loss of clinical material in Glasgow, but the difficulty arose from the fact that the Western Infirmary was closely adjacent to the University buildings, and the students had a very short distance to go from their theoretical to their clinical work. It was of very great importance to have men as examiners who were absolutely above suspicion, and if the mass of the profession of the three kingdoms were not satisfied with the way in which the examiners were appointed, it behoved the Council to consider whether some alteration might not be made in the method by which they were chosen.

Dr. STRUTHERS agreed that outside examiners should not be local men, and it might be well that they should be appointed by some independent body—say the Crown or the Medical Council. The Scotch universities would be happy to accept such outside examiners. England would certainly be better for a number of universities like the Scotch and the German in its large cities.

Dr. PETTIGREW felt strongly that the system of teaching would be degraded if the Scotch professors were not allowed to take part in the examination. The whole difficulty was about the appointment of the coadjutor examiners, and he had no doubt that the Scotch universities would soon concede that point.

Dr. HERON WATSON said that until the University Court was reformed nobody in Scotland would have the least confidence in its appointing extra-mural examiners. In the coming days of the democracy these antiquated institutions would be swept away altogether, and their funds applied in a more reasonable manner.

Dr. HUMPHRY considered that the deficiency in clinical examination in Edinburgh was due to the deficiency in the number of examiners. It was not quite creditable to that university that there should be only two examiners to conduct the whole of the long examination in each of the clinical subjects; but if it were proposed to exclude the professors from the Scotch university examinations, he hoped that those universities would fight, for he believed they would be right, and being right would win.

The next report considered was that on the University of Aberdeen.

Dr. STRUTHERS informed the Council that there were two periods of graduation at Aberdeen, but the Visitors only attended at the end of the summer term, when the rejected men come up again. That might explain perhaps, why the Visitors had not indulged in such enthusiastic terms as they otherwise might have used. There was one unjustifiable remark in the report. Fault was found with the partial passes, and the system was spoken of as "lax." That was a censure that he could not submit to. The Visitors ought to be censured, and not the university. Mr. Holden, who wrote that report, ought to have known that the Council had already sanctioned the system which permitted a rejected candidate to be examined again in the subject in which he had failed.

Dr. QUAIN called the attention of Dr. Struthers and the Council to the following statements of the Aberdeen Visitors: "While we thus note the insufficiency of the practical element in the curriculum, it appears to us an open question if the student be not altogether over-weighted by the number of the lectures which he has to attend, inasmuch as the winter courses are defined to include not less than a hundred lectures, and the summer not less than fifty." "Our opinion of this examination was in the direction of its being too superficial and the judgments too lenient. At the same time we gathered that many of the candidates, from the readiness and peculiarities of their answers, were evidently familiar with the teaching of the Professor of Surgery (laughter); and we felt sure that, while they were theoretically conversant with the history and general main features of diseased conditions, the majority of those whose examinations we witnessed were decidedly deficient in practical training." Mr. Holden also reported: "According to present regulations at final examinations, it is obvious that surgery in its wide sense plays no prominent part. Rather is it left in the background. Candidates are not required to do any operations on the dead body. They are not asked to show their knowledge of surgical anatomy. They are very inadequately tested on bandaging and surgical appliances. For these reasons I cannot avoid the conclusion that at the final examinations the candidates for the double degrees of the University of Aberdeen are not sufficiently required to prove their competency in surgery, and that some of them are admitted to the degree of Master in Surgery on rather too easy terms."

Dr. HERON WATSON said there was some inconsistency in the report of the Visitors with reference to the insufficiency of the surgical examination, as contrasted with the statement that the surgical examination was "carefully conducted, and the adjudication of the candidates' merits equitable."

Dr. STRUTHERS said that on the subject of the students being over-weighted with lectures, the Visitors only reported that it was "an open question," and even from that statement Dr. Kidd, one of the Visitors, had dissented. The reason for his dissent probably was that he had been educated in Scotland and knew the value of a good lecture system. The Visitors in their report had spoken on the whole very favourably of the examinations. There could be no doubt that the school was *par excellence* a hard-working one. The students were being constantly and carefully examined, and he (Dr. Struthers) knew his students as well as he knew his own boys.

Dr. PETTIGREW, referring to the visitation of St. Andrews, said that the Visitors had made certain statements which he thought were not in accordance with the facts. Perhaps the proper explanation was that the authorities there were too good to them, and as the report was not written at the time, they had drawn a little on their imagination. It was incorrect to say that the examiners were appointed annually by the Medical Faculty, for they were appointed by the University Court. Dr. Pettigrew also gave explanations from the remarks by the body visited on some other points

in the reports, and claimed that St. Andrews had a higher percentage of eminent men as medical graduates than any other university.

Dr. CHAMBERS said that St. Andrews, according to the Medical Register, produced 2·3 per cent. of distinguished men, while the mean number of the ten universities was 5·2. The percentage of Cambridge was 25·7, of Dublin nearly 11, of the London University 13·1, so that it could hardly be said that St. Andrews beat all the others.

Dr. DUNCAN said that the Universities of St. Andrews and London really produced no men at all, but merely graduated them. Other universities and bodies educated them.

Mr. MACNAMARA said that the returns furnished to the Medical Council by St. Andrews showed that in seven years sixty-eight candidates had passed and only two had been rejected. There was a plentiful supply of reagents and specimens at the examination, but, as a matter of fact, not one of them was used, while the microscope was only employed by one examiner. The difficulty in St. Andrews was that there was no hospital, but he thought the students might call at Edinburgh on their way down, and there be clinically examined.

The Council then adjourned.

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THURSDAY, JUNE 10TH.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

The Council again resolved itself into committee for consideration of the reports by the Visitors of the final examinations.

Dr. HAUGHTON, referring to the University of Dublin, said that the statement of opinion on the part of the Visitors and the answers of the Examining Court must be received with discount on both sides. The object of the Visitors, as far as he could see, had been to bury Cæsar, and the object of the examiners to praise Cæsar, and he had no desire to do either the one or the other. He was the last person in the world who would wish to assist at the funeral of the college founded by the right royal lion-hearted Queen Elizabeth, and he certainly would not be guilty of the bad taste of simply being present to praise that college; but he should like to point out that a number of serious charges had been made against it by the Visitors, founded upon supposed facts which, like certain German metaphysicians, they must have evolved out of their inner consciousness. Those misconceptions, however, had been so fully answered in the reply of the examiners that he need not go into them. The University had accepted two of the recommendations of the Visitors—that the examination for degrees should be more extended than that for licences, and that the extern examiners ought to give more marks for the medical degree examination; but with regard to their silence upon all the other recommendations in the Visitors' report, it meant a fixed determination not to adopt them. (Laughter.) They could never accept the proposal to introduce clinical and operative surgery into a medical degree examination, any more than they would acquiesce in the introduction of clinical medicine into a surgery degree because their examinations in medicine, surgery, and obstetrics were conducted quite separately. The principle, that excellence in one important branch should not compensate for failure in another, was carried out in its entirety at the University with regard to medicine, surgery, and midwifery.

Dr. BANKS also criticised the report of the Visitors, remarking that if they had not fallen into the misconception referred to by Dr. Haughton they might have saved themselves the necessity of making the rather severe criticisms upon the examination which appeared in their report. They had stated that the examination undergone in the University of Dublin by a candidate for the degree of Bachelor of Medicine did not entitle him to registration. It had never been claimed that it did, but when the curriculum for that degree was formulated it was never intended that physicians should be general practitioners, but it was now the practice in Ireland to obtain a surgical as well as a medical qualification. Dr. Banks then pointed out what he considered a contradiction in the report, the Visitor in one place stating, "I may also unreservedly praise the *viva voce* examination in materia medica and therapeutics"; and in another speaking of the "incomplete character" of the examination in "practice of medicine and materia medica and therapeutics." The report also stated that the candidate in each case had been examined by his own teachers, but that was incorrect, for neither he nor his colleague (the Regius Professor of Surgery) was a teacher, and they knew nothing of the candidates until they came up for examination. Another mistake—and a grievous one—was the statement that there was only required a minimum of six attendances in cases of labour, which was too low; whereas the University was not satisfied with less than six months' practical acquaintance with midwifery on the part of its students; and, as a matter of fact, candidates for the Bachelor of Medicine degree had to prove that they had attended from twenty to thirty cases. There was also a complaint that some of the candidates were allowed to be present during the examination of their fellows, but the fact was that no man was present at the examination of another candidate in a subject upon which he also would be examined.

Dr. CHAMBERS said that the University of Dublin was evidently attractive to the more industrious and diligent students, for no less than 10·8 per 1000 of school teachers had taken degrees there.

Dr. BANKS, dealing with the report on the Royal University of Ireland, said that the Visitors expressed in strong terms their approbation not only of the curriculum, but also of the conduct of the examinations. Their words were: "All the above examinations appear to us to be well and conscientiously conducted, and the marks awarded, as far as the plans generally adopted allow, to be just." "It is obvious that in the clinical examinations great care is taken to prevent the candidates from knowing where the examinations were to be held, and therefore on what cases they were to be examined." It was true that they remarked upon the unpreparedness of the candidates, and that the examiners fully concurred in that was proved by the fact that 50 per cent. of the candidates, were rejected. With respect to putting back candidates, it had not been found by experience that there was any inconvenience. It was in clinical medicine or surgery that they were generally sent back. The absence of pathological preparations and drawings was referred to in the report, but the fact was that the University buildings were not yet completed. He considered that such a young university had good reason to be proud of the report, especially when the Visitors were men of such eminence as Dr. Bristowe, Mr. Holden, and Dr. Leishman.

Sir DYCE DUCKWORTH drew attention to the statement that for the most part the candidates were examined by only one examiner. The opinion of the Council was that there should always be at least two examiners. One peculiar point in connexion with the Royal University was that anatomy and physiology were taken at the final examination. To compel candidates to keep up a knowledge of those subjects so as to pass another examination on them must have a very distracting effect on men who had to take up practical subjects at the end of their curriculum.

Mr. MACNAMARA said that the question as to when the study of anatomy should end was formerly earnestly discussed by the Council, and he took a leading part in opposing the view that it should be at the close of the second year. In that he had the support of Sir James Paget, and the result was a recommendation by the Council. Under the provisions of the Anatomy Act, no man could pursue his anatomical studies elsewhere than in a school licensed for the purpose. In Ireland everything in medicine and surgery was regarded as having its basis in anatomy, and it was remembered that after obtaining his qualification the student had no facilities for studying anatomy, though he had for every other branch of the profession. In any part of the globe he might study medical chemistry and materia medica, but not anatomy, and therefore it was necessary that he should utilise every opportunity at his disposal in the years when he could work upon that subject. The result was that Irishmen were vain enough to think that Ireland produced anatomists that could favourably compare with any from Scotland.

Mr. SIMON said it was very important that men should not be allowed to forget their anatomy; and when they were examined in surgery, if they betrayed ignorance of anatomy they should be plucked. The view of the Council was that a student carried his anatomy into practice, and examination in surgery and medicine involved reference to it; but they objected to its being taken as a separate subject in the final examination.

Mr. MACNAMARA said the Visitors acknowledged that the students were efficient in anatomy, because they said they

had already passed a stringent examination in it at the second medical examination.

Mr. SIMON asked if it were not possible that they would come out fresh in anatomy at the cost of being flabby in physic. The Visitors spoke of the lamentable ignorance displayed in medicine and midwifery on the part of a large number of students. That showed that they had been distracted from the study of those subjects, and gave their time to cramming for the anatomical examination.

Dr. STRUTHERS also thought it an injudicious thing to require anatomy and physiology at the final, especially after the students had passed a stringent examination in those subjects previously.

Dr. HAUGHTON said that the first act of the Royal University was to raise the standard of the arts examination preliminary to the study of medicine far above the level of the recommendations of the Council. They did this in the face of great difficulties, for there were vested interests of a serious kind involved in keeping down the standard of arts, and encouraging a minimum.

Dr. LYONS, M.P., thought that the Royal University, as a young university, might well be congratulated on having so successfully passed the ordeal of visitation. The Senate would be very happy, indeed, to apply themselves, as far as they could, to remedy any deficiencies that had been pointed out. The University had already raised to twenty the number of cases of labour which the students must attend, and he hoped that the Council would be able to secure that as a minimum in all schools. They had also made a special rule that at least ten fever cases should be attended, and, considering the great importance of the subject, not only in private practice but in connexion with the public service of the State, it could not be said that the minimum was too high. Attendance was also enforced on a limited number of cases in lunatic asylums.

Dr. BANKS, replying to an observation by Sir Dyce Duckworth, said the rule of the University was that there should be two examiners in clinical subjects, although there might have been some laxity in that respect on the occasion of the visit. The authorities were quite prepared to say that there should be no anatomy at the final examination.

Mr. MARSHALL moved the adoption of the committee's report. He said the discussion on the whole question showed how prudent those were who wanted to postpone the real report to the next meeting, and to present only a provisional report on this occasion. Almost every speaker had desired more information, and he concluded that the committee would be called upon to make a further report. In regard to the future, he could promise that the committee would endeavour to eliminate from their report everything that could be called personal to institutions, and devote themselves to the sole point of their consideration—the sufficiency of a registrable qualification. On that point a great deal could be learned from the valuable discussions that had taken place.

Dr. HERON WATSON seconded the motion, which was agreed to.

The Council then resumed, and Mr. Marshall again moved the adoption of the report, but on the suggestion of Dr. Quain and Mr. Simon the motion was withdrawn, the final acceptance by the Council being deferred until the entire report is presented.

The PRESIDENT said that, looking back on the various discussions of an educational kind that had taken place in the Council, he felt quite convinced that none had ever occurred which was more likely to be truly fruitful for the work they had in hand than that which had just terminated. It was quite clear that matters would be brought to a practical point with regard to the real requisites for education and examination in such a manner as they had never been before. If the new Bill passed, there would be a certain number of new members who had never taken part in the deliberations of the Council, and those gentlemen would have the advantage or disadvantage, as the case might be, of plunging into the middle of this intricate work. He felt that, whether the Bill were or were not the best possible solution, nothing could be so bad as the continuance of the suspense, and he hoped that, whether or not he lived and was able to join in the deliberations of the Council, there would be no jar in their proceedings. There were, however, pitfalls in the Bill which might almost compel them again to discuss the constitution of the Council, and for that reason, among others, he was thankful to see that these educational questions had been brought to such a point that, thanks to Mr. Marshall and his committee, it would be possible to continue the careful discussion of the details without any interruption. The new members would be welcomed as an addition to the Council, and would, no doubt, assist in bringing to a conclusion the long and anxious deliberations in which they had been engaged. He again thanked the members for the extreme kindness with which they had accepted what he had been able to do, assisted by the chairman of the Business Committee. He had had occasion several times to say that it was the happiest work he now had in life, and he should be sorry when the day arrived (which could not be far distant) when he would have to leave it.

The session then terminated.

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### PRESENTATION OF THE FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS OF IRELAND TO MR. MARSHALL.

On the adjournment of the Council for tea, the Rev. Dr. Haughton, Honorary Fellow of the College of Surgeons in Ireland, and Professor Rawdon Macnamara, the representative of the College on the Medical Council, on behalf of the College, presented to Mr. Marshall the Honorary Fellowship of the College of Surgeons in Ireland, a distinction recently conferred upon him by that body in recognition of his valuable contributions to surgical science. Prof. Macnamara in a few well-chosen sentences conveyed to Mr. Marshall the sense of his College for his important services, and regretted the cause of his absence (illness) upon the public occasion when a similar distinction was conferred on Sir James Paget, who had then attended in person to receive the honour. Mr. Marshall, in accepting the diploma, which was engrossed on vellum, the seal of the College being enclosed in a handsome silver box, richly chased, expressed his high sense of the honour conferred upon him, acknowledged the important manner in which the Irish College of Surgeons had from its foundation laboured to promote surgical progress, and frankly admitted that personally he himself had derived no small amount of information from the writings and labours of Irish surgeons.

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## THE JUBILEE BANQUET OF THE BRITISH MEDICAL BENEVOLENT FUND.

*To the Editor of* THE LANCET.

SIR,—I shall be glad to be allowed again to remind your readers of the jubilee celebration of the British Medical Benevolent Fund, on Thursday, July 8th. Already so many prominent members of the profession have intimated their intention to be present, that the gathering will be one of the most important which has taken place for many years. It was, indeed, to be expected that a desire to do honour to Sir James Paget would be a powerful influence in bringing together a distinguished assemblage, and this anticipation is being fully realised. Among those who may be expected to attend are Sir William Jenner, K.C.B., President; Sir Dyce Duckworth, Treasurer and Representative in the Medical Council; Dr. Habershon, Senior Censor of the Royal College of Physicians; Mr. John Wood and Mr. Henry Power, Vice-Presidents of the College of Surgeons; Sir Henry Acland, K.C.B., President of the Medical Council; Dr. Edwards, President, Dr. Withers Moore, President-elect, Dr. Balthazar Foster, President of Council, of the British Medical Association; Mr. George Pollock, President of the Medico-Chirurgical Society; Sir Andrew Clark, Bart.; Sir Prescott Hewett, Bart.; Sir Joseph Lister, Bart.; Sir Edwin Saunders, Sir Ed. Sieveking, Dr. Clifford Allbutt, Dr. Chadwick, Dr. Coates (Bath), Mr. Crosby (Manchester), Dr. Hare, Dr. Holman (Reigate), Dr. Langdon Down, Dr. Ord, and Mr. Winter (Brighton).—I am, Sir, yours faithfully,

June, 1886. W. H. BROADBENT.

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CAMBRIDGE MEDICAL GRADUATES' CLUB.—The annual dinner of the Cambridge Medical Graduates' Club will be held this year at Cambridge on Saturday, July 17th. The Master and Fellows of Caius College have promised the use of the college hall for the occasion. The chair will be taken by Sir George E. Paget, M.D., K.C.B., and a large gathering of graduates is expected, as this is the first time the Club has met in Cambridge since its formation.

# THE LANCET.

*LONDON: SATURDAY, JUNE 19, 1886.*

THE attention of our readers is directed to the Special Supplement which is published with our present issue. To-day we make an effort in the cause of all the hospitals, and urge their claims upon the liberality of everyone in the vast population which collectively constitutes London. It will be seen at once that the graphic account entitled "Within the Hospital Walls" has been written by a layman for laymen and others who have no means of realising what the inner life of the hospitals really represents. The writer had, as a matter of fact, never been in a hospital until he was commissioned to do this special work. It is therefore satisfactory to know that his visit to most of the chief hospitals have led him, as an experienced journalist, to form a conscientious conviction as to the reason for the present lack of funds. He declares that ignorance of the work is the cause of the indifference in the public mind which has led to diminished hospital supplies and impaired usefulness. We have often felt that there was a missing link in the whole of our hospital system which ought to be found and restored without delay. Whether a hospital is State-aided, rate-supported, endowed, or voluntary, the more the objects for which it is founded, the system upon which it is managed, the kind of accommodation it provides, the advantages it offers to its inmates, and the whole of its interior economy and working, are made familiar to the people, and the more the public are induced to inquire, examine, and understand every one of these points, the better it must be for all concerned. It would be a matter for congratulation if the managers of the various groups of hospitals, as well as those of individual charities, would make a practice of throwing open these establishments during a few days in each year, taking care at the same time to induce representatives of every class of their supporters and the public, as well as the wealthy, to visit them at such times. A reference to the Special Supplement of to-day's date will show how many hospitals are labouring under financial difficulties, and we cannot but hope and believe that the more intelligent of the managers will issue invitations during the next few days on the lines we have indicated, as well as to the speakers at the meetings and to the clergy, in anticipation of Hospital Sunday, June 27th. On a liberal estimate, not more than forty thousand persons give anything appreciable to the metropolitan hospitals, and it is stated by those who can speak with authority that at the outside only one Londoner out of every hundred contributes even a penny a year to the hospitals' exchequer. This fact is not more the fault of the non-givers than of the hospital managers, whose business it should be to press home upon the public conscience their claims to substantial recognition, and the imperative necessity for the efficient maintenance of the hospitals for the better preservation of the life and health of every individual inhabitant. It is of no use in these days sitting at home with folded hands, self-confident in the pressing claims of one particular charity; men must work now as ever for the triumph of their principles and the enforcement of the claims of the charities for the support of which they are responsible. In these circumstances all who can rightly appeal for support should throw open their hospital and invite the public during the next few days to enter and convince themselves that a liberal gift on Hospital Sunday is not only called for by charity, but that it is likewise a matter of self-interest.

We have said that the Special Supplement has been written for laymen chiefly and in pursuance of a plan we commenced last year, in the hope that a sum more worthy of the vast wealth of London may be raised annually on Hospital Sunday. The Supplement is necessarily popular rather than professional, and our readers may therefore like to hear an additional reason why we have been led to take this new departure. It is self-evident that the medical profession must have hospitals, just as the hospitals must be dependent upon the medical profession. Anything which tends to injure the one must prove inimical to the best interests of the other. Now the financial condition of more than one of the London hospitals to-day has created a feeling of alarm, and threatens the efficiency, if it does not indeed imperil the existence, of at least one of the medical schools. In such circumstances THE LANCET, as the representative of the medical profession, cannot remain a passive spectator of these threatened disasters, and so it has determined to co-operate in the most strenuous efforts to dispel the impending evils, and to secure the adequate support of all the hospitals. The six meetings which will be held during the Hospitals Week will commence on Monday, June 21st, at Lambeth Palace Library, where Sir ANDREW CLARK will urge the claims of the hospitals upon the people. The meeting will be addressed also by Lord SANDHURST, Under Secretary for War. On Tuesday the Earl of DARTMOUTH and Baron ROTHSCHILD and DE WORMS will address a large meeting at Blackheath. On Wednesday the Marquis of HARTINGTON, the Right Hon. W. H. SMITH, M.P., and Sir ALGERNON BORTHWICK, M.P., with Sir WM. MAC CORMAC, will speak at Kensington Town Hall. On Thursday Lord NORTHBROOK and Lord CHARLES BERESFORD, V.C., M.P., will address an audience at St. Andrew's Hall, Newman-street. On Friday the Duke of WESTMINSTER, Dr. BUCHANAN, Sir DYCE DUCKWORTH, with several metropolitan members of Parliament, will attend a meeting at the Highbury Athenæum; and on Saturday afternoon the 26th inst., H.R.H. the Duke of CAMBRIDGE and the Marquis of SALISBURY will address the working-men and others at the Stratford Town Hall. Nothing is wanted to make these meetings a success except that full report of the speeches of these eminent men which the editors of the daily metropolitan press will doubtless gladly give as their contribution to this united effort to arouse London to the needs of all the hospitals. In such a case the results achieved are well calculated to prove memorable, and a deep debt of gratitude will be due to the members of Parliament who have recognised the pressing claims of this great social question by turning aside from the pressure of politics for a brief space, in order to pay their donation to the hospitals in meal, notwithstanding the fact that most of them have not once, but often, paid already in malt—

i.e., by subscriptions to the hospitals' exchequer. We hope the people as well as the profession will attend the several meetings in great numbers, and that this year the interest aroused will cause the churches to be crowded and the collecting-bags to be filled to repletion at every service on Hospital Sunday, June 27th.

The cause represented by the work of all the hospitals and medical charities of London is one of the grandest that any speaker or preacher has ever had to plead. More than one million patients have been relieved in the course of a single year (1885), at a cost of something like half a million pounds sterling, or ten shillings per head. Of the ten shillings per head, about six have been supplied by the voluntary offerings of the people, three shillings represent the income derived mainly from the sums received from deceased benefactors, and the shilling per head per patient represents the actual deficiency which has to be made good if such a disaster as the closing of one or two of the largest hospitals is to be obviated. It comes to this, therefore, that one million—that is to say, more than one in four of the inhabitants of London—annually receive relief at the hospitals and medical charities. To meet the cost of this relief, one in every four Londoners is required to give one shilling a year to the Hospital Sunday Fund. If they do this, providing the forty thousand who at present charge themselves with the entire burden of contributing at least six of every ten shillings a year subscribed to the hospitals give as much on the 27th inst. as they gave in former years, then adequate funds will at length be subscribed to maintain the London hospitals in full working and efficiency. It is hard to believe that the three million Londoners who neither use nor support hospitals can always continue to be indifferent to this important matter.

This year a greater responsibility than ever rests upon the clergy and ministers of all the churches to specially charge themselves with the duty of rousing their congregations and the wealthier residents in their parishes to a sense of the duty of giving liberally to the Hospital Sunday Fund. The Council of the Fund send to each minister a bundle of letters, which have only to be signed and addressed to each person who is fairly well-to-do with the view of securing in this way many gifts which will otherwise not be procured. Canon FLEMING and the Rev. Dr. FORREST have made their collections the largest in London by the use of these circulars; and we call upon the clergy and ministers to respond to the special efforts of the laity throughout the Hospitals Week by charging themselves with the duty of preparing a list of the members of their congregations whom they believe can spare a special gift, and of sending to every name on that list one of those "golden pheasant" letters, as Canon MILLER used to call them. We propose to address the clergy in our next issue, and have only alluded to this point to-day because it will take time to carry out what is here proposed, and the work must be done in the course of next week. We hope also that every minister and clergyman will announce the day, place, and hour of the public meeting to be held in the district in which his church is situated during the Hospitals Week at each of the services on Sunday next (20th inst.), and urge his congregation to attend. In this way the £80,000 will soon be raised. But the duty of helping the hospitals is imperative upon all. Press and people, peers, peasants, and politicians, believers and unbelievers, young and old, rich and poor—all sorts and conditions of men and women, in fact, can combine, and ought to combine, to give, and to give liberally, in proportion to their means; not only as a great pleasure and privilege, not merely from gratitude for blessings enjoyed and still possessed, not solely from love to GOD and man, but also in self-defence, and because none know how soon they individually may have reason to bless the hospitals for good service rendered to themselves or their friends in the hour of their greatest need.

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THE Medical Council concluded its session on the 10th inst. Sir HENRY ACLAND, in his concluding remarks, seemed to anticipate the passing of the Medical Bill and the probability that the Medical Council would shortly receive an accession of direct representatives to its ranks, whom, he was pleased to say, would be welcomed by the Council. The same night the Bill passed through Committee in the House of Commons, and soon after was read a third time; and, as we write, bids fair to meet with very little opposition in the House of Lords.

By far the most important business transacted by the Council was the discussion of the reports of the Visitors of the Examinations of the Universities. These reports have raised questions which it is desirable should be discussed from time to time. The universities need to justify their standards. It would be an unreasonable thing for them to persist in granting higher titles than the corporations if they cannot show that their examinations are higher. In very few of the reports or of the answers of the particular universities to the criticisms of the Visitors is this distinction clearly recognised. In the letter of instructions to the Visitors of the Medical Council, the Council did not go beyond requiring its Visitors to testify as to the fitness of the university examinations as tests of competence, justifying men being placed on the Register. But we are glad to see that one university at least recognises that something more is expected of it. The examiners of the University of London boldly speak of their standard, both in medicine and surgery, as being an academic standard, higher than a merely professional one. This is the proper estimate of university tests. If they fall below it, if they are merely equal in severity or in extent to those of a corporation, they must expect to be treated with much less reverence than heretofore. It is an excellent thing to have English examiners reporting on the system of Scotch and Irish university examinations, and Scotch and Irish teachers exercising their ingenuity in criticising the system of examinations pursued in the English universities. We cannot pretend to give the details of these reports; but we may indicate the questions they raise and the general drift of the opinion of the reporters. Our readers will gather from the debates in the Medical Council how candid was the international expression of opinion on the different methods of education and examination. The report on the London University is somewhat severe, considering the great importance of its examinations and the extent to which they have affected the standard of similar institutions. The criticisms on other English uni-

versities do not require much notice. The Visitors to Oxford cannot regard the examination for the M.B. of Oxford as an examination altogether of a higher grade; the tests are not more exhaustive or of a higher standard than are to be found elsewhere. In the case of Cambridge, though complaint is properly made that the candidates for the M.B. are not examined in clinical surgery, yet the examinations as a whole are pronounced to be high class. Those for the Durham degrees, both for young candidates and those of some professional standing, passed with some credit, though the Visitors go out of their way to express their views on the gift of degrees to practitioners of standing. The Scotch professors were put upon their defence for inflicting long courses of lectures; for not requiring evidence of experience as clinical clerks and dressers; for not, excepting Glasgow, demanding operations on the dead body; for not requiring in practical midwifery more than attendance on six cases; for defective attention to clinical and operative tests of practical surgery in their examinations. It must be admitted that the examiners hit the weak part of the Scotti. university system here—the disproportion between their clinical material and the great number of students whom they have to supply and teach. In Glasgow there is indeed no excuse for this, as was shown the other day by a deputation to Lord DALHOUSIE and the Lord Advocate, urging that the Royal Infirmary of Glasgow, with its splendid clinical field, should be organised into a college of the University. A larger number of patients are treated in this hospital than in any other in the country, and we cannot understand the policy of not making it available for university purposes. In Edinburgh and Aberdeen the difficulty of meeting the demand for large clinical material is much greater; but it must be faced. The regulations as to attendance on six cases of midwifery are ridiculous, the more so as, as Dr. BARNES points out in one of his reports as a Visitor, they have not necessarily been watched throughout or under the guidance of a skilled teacher. How can six cases fit a student for the common accidents of midwifery? Barring the points we have alluded to, the Scotch universities have no reason to be dissatisfied with the reports. Dr. BRISTOWE's testimony to the quality of the medical examinations in Edinburgh and Glasgow is highly flattering, and enough to stimulate these great centres of medical light to eliminate every fault and supply every defect. His words, too, on another knotty point of the Scotch system of examination ought to be recorded: "I may add that I was especially struck at both universities (Edinburgh and Glasgow) with the general pre-eminence as oral and clinical examiners of those men who had long experience of teaching and examining, and were still teachers, in patience, in tact, and in power of eliciting from candidates the knowledge that is in them." The Irish universities did not come through the ordeal so satisfactorily. The reports of the visit to Dublin University especially disappoint us. Stress has always been laid by this university on its requirement from its graduates of a preliminary degree in Arts. The professional examinations for the Degrees in Medicine are merely those for the licence; and, strange to relate, the display of bad Latin in this university, which boasts of its Arts qualification, was exceptional. As Dr. GEORGE W. BALFOUR says, "For a B.A. to write 'Uncias sextos,' 'Drachmas quattuor,' 'Tussu urgente,' 'Aquæ laurocaceæ,' and 'Syrupi ammoniatis aromatus grana tirginta,' and other similar absurdities, is surely intolerable." And we must add that even Professor HAUGHTON was not effective in his defence, though supported, too, by Dr. BANKS. The report of the Visitors in the case of the Royal University of Ireland is also unsatisfactory. The Visitors remark with earnestness on the lamentably insufficient knowledge of practical subjects and the imperfect clinical training displayed by a large proportion of the candidates. The conscientious strictness of the examiners is emphasised and the proportion of rejections was large. The surgical Visitor thought the average quality of the candidates exceedingly low.

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OF the valuable researches by M. BOUCHARD on the poisonousness of the urine we have already treated (*vide* THE LANCET, p. 750). This physiologist has continued his investigation, and has ascertained the influence of various conditions on the toxicity of the urine, thereby greatly enhancing the value of his former observations. The urine of healthy men varies in toxicity at different periods of the day and night, both in quality and degree. The variations are independent of the ingestion of food and the times of meals, and have no relation to the quantity of potassium eliminated. A new series of fresh experiments were made, which allowed the variations in the toxicity to be studied for different hours of the day in such a manner that they could not be ascribed to alimentation. The twenty-four hours was divided into three periods of eight hours each, one devoted to sleep; at the commencement of each period an identical quantity of food and drink of precisely similar material was taken by the individual experimented on. In ordinary life, the amount of toxic matter excreted by the urine in the three periods of sleep, morning waking and evening waking, is respectively represented by the numbers 3, 7, 5. When the above method of feeding was employed, the amounts in the three periods respectively were found to be 3, 7·5, 5·5, or practically the same as in ordinary living. The increase in the production and elimination of the poison begins at the time that sleep is commencing; the diminution in the discharge of poison commences in the middle of the waking period.

If feeding does not influence the variations in the urinary toxicity during sleep and awaking, it would be interesting to know what the results are during abstention from food. M. BOUCHARD, experimenting on the same individual, suppressed the meal given at the commencement of sleep, and then compared the total poisonousness of the urine secreted during the same period. He arrived at the seemingly paradoxical conclusion that leaving off food increases the toxicity by one-half; the amount being represented by 4·5 instead of 3 for the sleeping period. This increase in poisonousness cannot be ascribed to an augmentation of the mineral substances discharged, for these are, on the contrary, diminished. It appeared to M. BOUCHARD that it was rather to be explained by a superabundance of organic matters, incompletely oxidised, that characterises the urine of fasting—a fact that admits of an easy interpretation: man reduced to live at the expense of his own tissues, disintegration occurs with difficulty and incompletely; whilst in a normal

state of alimentation, descending metabolism occurs more readily and completely in the circulating nutritive material.

If the greater toxicity of urine secreted during fasting can be explained by a hindrance to complete oxidisation, the same interpretation should be applicable to the augmentation of the poison that happens during sleep, which is accompanied by a diminution in the consumption of oxygen. Conversely, we ought to be able to explain diminution of toxicity in waking hours by the increased activity of the waking state, in which more oxygen is consumed. This hypothesis was tested by experiment. In a man whose urinary toxicity had been several times estimated, both during sleep and waking, under his habitual sedentary mode of life in the city, M. BOUCHARD determined the alterations that followed the enjoyment of a day of great bodily activity in the open air of the country. From this kind of experiment it was discovered that muscular work in the open air suppressed 30 per cent. of the total urinary toxicity in the twenty-four hours. It suppressed 27 per cent. of that of waking, and 40 per cent. of that of sleep. The causes that influence the urinary toxicity may therefore act, not only during their application, but even for a long time after they have ceased to exist. No doubt this is the reason why the morning urine is more poisonous than that of sleep, and that of sleep less noxious than the evening urine. For during the night less oxygen is taken up, and so less destruction of toxic matters takes place, as sleep is continued; whereas at the commencement of sleep the influence of the day's oxygen has not worn off, and destruction of the poison proceeds comparatively quickly. It seemed to M. BOUCHARD that in the physiological conditions of normal alimentation, fasting, sleeping, resting, waking, and working, the variations in toxicity depend especially on the greater or less degree of oxidation. This view was confirmed by another experiment in which the organism had a large quantity of oxygen placed artificially at its disposal. A healthy man, whose toxic data had been ascertained over several days for periods of four hours, and whose food was uniformly repeated six times a day at regular intervals so as to eliminate any influence thereby exercised, was placed in an atmosphere of compressed air at a pressure of 116 centimetres for four hours; the toxicity of the urine was diminished by 43 per cent. Further, for the twelve hours following the toxicity still remained below normal, and was, in fact, 66 per cent. less than that of the corresponding period of the preceding day. After the twelve hours the poisonousness augmented, and in the eight hours ensuing it surpassed by 33 per cent. the normal of the preceding day.

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IN a recent article on the Contagious Diseases (Animals) Bill we expressed the hope that all the necessary powers are being conferred upon the Local Government Board for the prevention of milk infection which can now be perceived to be necessary, and which may be more fully required as additional knowledge is gained. The powers we indicated were those which would enable the Central Board to prescribe regulations dealing not only with contamination of milk by infection communicated through contact with a human being suffering from specific disease or some fault in what is usually understood as the sanitary condition of the farm, but also conditions relating to the cow herself as a possible cause of infection of milk either before or at the moment of the milk leaving her body.

An analysis of all the circumstances of a number of milk epidemics has frequently failed to show that disease has been caused in any of the usually accepted ways; and although no special condition of the cow has been associated with its production, a strong suspicion has been created that some unrecognised ailment of this animal might be responsible for the occurrence. This suspicion is now amply confirmed by Mr. POWER'S investigation into the recent outbreaks of scarlet fever in North and West London, and we are led to examine more critically the Bill which has now passed its third reading in the House of Lords and its second reading in the House of Commons, and for which there is much probability that it may, as an unopposed measure, become the only law upon which we shall have to rely for the prevention of the serious loss of life which from time to time results from the distribution of infected milk.

We are now informed, on competent legal authority, that the transference to the Local Government Board of the powers vested in the Privy Council of making general or special orders under Section 34 of the Contagious Diseases (Animals) Act of 1878, for prescribing precautions to be taken for protecting milk against infection or contamination, does not enable the Central Board to prescribe other regulations than those which relate to infection of milk after it has left the animal. Under these circumstances, we are compelled to regard the Bill now before Parliament as wanting in the very provisions which recent additions to medical knowledge have shown to be essentially necessary, if the Bill is to serve the purpose for which we presume it is being enacted.

Mr. POWER'S report has indeed seriously raised the question whether the prevention of milk infection would not, in the interest of the milk-consumer, be far better in the hands of the Privy Council, which possesses a veterinary department having some of the most trusted members of that profession for its guidance, than in those of the Local Government Board, which is altogether without such aid. If this course were adopted, it would certainly be necessary to amend the section to which we have referred, in such a manner as to confer upon the Privy Council the increased powers which we are convinced are required; but if it should be held that the whole duty of guarding the milk-consumer against the risks to which he is liable can be better administered by a Board having for its object the preservation of the public health, it becomes an absolute necessity that that Board shall not be wanting in the opportunity of fulfilling to the extent required the serious duties which would devolve upon it. It would, indeed, be lamentable if the Local Government Board should be unable, through faulty legislation, to take the very steps which a recent report of one of its officers has shown to be essential to the safeguarding of the public health.

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A WORK on the Use of Photography in Illustrating Bacteria, by Dr. E. M. Crookshank, is in course of preparation for publication by Mr. H. K. Lewis. It will be illustrated by fifty permanent plates produced in special colours by the Autotype Company from the author's negatives.

# Annotations.

"Ne quid nimis."

## THE "INSANITY" OF KING LOUIS OF BAVARIA.

A MORE regrettable ending to what was either an ill-reported or a very obscure case than the suicide of King Louis of Bavaria it would be difficult to instance. What precisely the commissioners mean by "paranoia," as used in their report, we cannot pretend to determine. Vaguely, of course, παράνοια may be applied to any state of mind in which νοῦς is wanting or defective; but when it was said of the late King, as reported, that he was "suffering from that kind of mental disease which is well known from experience to medical men, and which is called paranoia," a suggestion of particular diagnosis was given for which the term employed offers no sufficient justification, at least none that we can recognise. And when it was further explained that "in view of the kind of disease, and its gradual and continual development, which has been going on for years, his Majesty must be deemed to be incurable, and a further loss of mental power may be expected with certainty," a prognosis was made to depend on premisses which were either inadequate or were simply not stated. We must confess ourselves inclined to agree with the personal physician of his late Majesty rather than with his more recent medical attendants, and to believe that Louis II. of Bavaria was eccentric instead of being actually insane, notwithstanding the presumptive evidence of his neurotic inheritance and bad family history; and it seems highly probable that, whereas during his ill-ordered life his eccentricities were rather encouraged than discouraged by the mismanagement of those around him, his suicide was the result of a determined and conscious purpose to put an end to a life which was cruelly blighted, instead of being an act of pure insanity, as now represented. If the King had been insane, with suicidal tendencies, measures would certainly have been taken to secure his safety. It is inconceivable that immediately after the creation of a sense of grievance so great as that to which his late Majesty gave expression—however needful it may have been to take the step which gave rise to the feeling—physicians experienced in the treatment of the insane would have permitted him to be alone with only one person. Of all persons, Dr. Gudden was the very last with whom the king should have been left in solitude. There was not wanting a clear intimation that his Majesty regarded the declaration of his insanity as a wrong which he could not outlive. In short, it was known that the King contemplated suicide. The precise truth about King Louis's vagaries will never, probably, be known. His public proceedings do not accord in spirit with the private acts attributed to him. That he was surrounded by a class of persons not able to understand his peculiarities is beyond question. We can only hope that the personal physician of his late Majesty, who knew him better than anyone else, will furnish, at least for the medical profession at large, a full report of the case, and that this will be considered together with the statement of the experts, and with the report also of the post-mortem appearances. As the case now stands, we cannot but think it is chiefly notable for the extreme mystery which enshrouds it.

## CONTAGION OR INFECTION?

THE imperfection of language is responsible for no slight amount of confusion and indefiniteness in the nomenclature of morbid processes. Perhaps the most striking instance of such difficulties is to be found in the use of the terms "infection," "infective," "contagion," and "contagious." According to the idea most prominent in the mind of a person who employs one or other of these phrases is the significance which he attaches to it. Thus we often hear of such a malady being contagious, but not infectious; of a morbid process being infective quite apart from any notion of contagiousness. Perhaps the most common kind of distinction is that which would limit the term "contagion" to such disorders as are only communicable by direct contact, and would employ "infectious" to denote those which are communicable through such media as the air, water, or soil. The distinctions thus created are, however, wholly artificial; for if we separate from the two groups such affections as cholera and typhoid, by following Pettenkofer in placing them apart as miasmatic-contagious disorders, we shall practically find that the limits between mere contagion and infection are reduced to a vanishing point. For practically even the most locally contagious disorders may be communicated indirectly, but of course far less frequently or certainly than the highly infectious diseases are. The word "contagion," then, covers them all, and the question becomes one simply of degree. The term 'infective" is, however, receiving a wider significance by being used in another direction—as, for instance, in its application to such diseases as septicæmia and pyæmia, to which the word "contagious" is inappropriate. When, however as, recently occurred—the occasion giving rise to some rather cynical remarks in a lay contemporary,—the notion is expressed, or rather implied, that diphtheria is not an infectious disease, we are brought face to face with the practical inconvenience of the term. Compared with scarlet fever, the virus of diphtheria is no doubt far less easily disseminated, and, in the majority of instances, it is communicable only by direct contact. But all authorities are forced to admit that the diphtheritic poison can be conveyed aerially or by fomites, and that therefore it is an infectious as well as a contagious disease. The College of Physicians has done much to place the nomenclature of diseases upon a scientific basis; it might go further and seek to define the proper use of terms such as those to which we have alluded.

## LORD WOLSELEY ON LARGE HEADS AND NARROW CHESTS.

"How often had they seen a young stripling leave a school—at least, he himself had seen it—and join the army, one who ought to have had spectacles, for he could barely see, with a large head and very narrow chest. That was not the sort of young man they wanted in the army." So spoke Lord Wolseley at the Oxford Military College, a public school founded in 1876 in rivalry with Wellington College, for the education of sons of officers in the army. In addressing himself to the students, Lord Wolseley further remarked that "he was quite certain that when they left the college, they would leave it with an enormous number of chances in their favour over those young men who would leave many of the great schools, where the physical training of youth was not so equally or so sufficiently attended to." Of young officers under the strain of actual warfare, Lord Wolseley's experience is probably the largest of any living officer of high repute, and for degrees of physical fitness to be so apparent, as his speech at the Oxford Military College appears to imply, is a grave matter. We have long had serious doubt as to the fitness of the physical and intellectual training at some of our public schools. There should be no preponderance of one over the other, but a judicious balance

of the two essentials for an active intellectual life, blended with the strain on the physical such as most occupations necessitate. To a successful military career in these days, physical fitness, as well as high intellectual attainments, are essential. It would be interesting and instructive to have statistics of the number of young officers who have succumbed to disease while on active military service, and the public schools at which they were educated. We hope Lord Wolseley will direct attention to this subject, and that military surgeons may be required to make note of the relative mortality from disease among officers from the different public schools.

## FORESTS AND ROMAN MALARIA.

THIS subject has been treated with characteristic clearness and power by Professor Corrado Tommasi-Crudeli in the *Nuova Antologia* of last February. Without attempting a literal translation of the memoir, it is yet possible to convey its teaching. The idea prevails very generally that malaria is produced by forests, independently of the nature of the soil which they cover. Many forests may be met with in which the production of malaria is very abundant; and vast tracts of land exist which were uninhabitable for malaria so long as they remained wooded, and which, when cleared, became more or less completely healthy. These facts are attributed by some to the putrefaction of dead leaves and insects slowly decomposing on the soil. But this explanation is inconsistent with the fact that many forests are free from malaria, although an enormous mass of animal and vegetable detritus accumulates and putrefies on the soil. By parity of reasoning another explanation of the same facts breaks down. It has been said that forests generate malaria because persons entering them from sunny parts catch cold. But there are woods which are very cool in summer, in which no one ever contracts fever; whereas some forests in the plain, without any ventilation, in which the temperature is often higher than in the surrounding country, are nevertheless eminently malarious. Forests are only factors of malaria in an indirect manner; they do not themselves produce it, but they favour its development, *when they cover malarious soil*. They intercept the solar rays, and thus check evaporation and retain moisture in summer, even in the strata which are in direct contact with the atmosphere. If these superficial strata do not contain the malarious ferment, the wood is innocuous; but if they contain it, the forest favours the production of malaria by maintaining moisture. When from land so infected is removed the obstacle to the direct action of the solar rays, the summer drying lessens the malarious generation, and in some favourable circumstances may even arrest it. While this experience has been very generally recognised and acted upon, the idea prevails in Rome that in malarious districts woods should not only be retained but extended. Ill-informed persons speak of sirocco (due south) winds which carry malaria from African marshes; and hence the necessity of opposing to these winds a barrier of littoral forests, which may arrest in their foliage the maleficent effluvia of exotic origin. They do not reflect that if Roman malaria had such an origin, Marsala, which is the Italian city most directly exposed to the current of the true African sirocco, should be plagued, instead of being healthy, as it is. Others speak of malaria produced by the marshes of the Roman littoral being carried into Rome by the sirocco winds, and hence they advocate, between Rome and the littoral marshes, the filtering woods. This doctrine was first advanced by Lancisi, physician to Pope Clement XI. in 1714. He believed in the transmission of malaria from the Pontine marshes to Rome, and in its arrest by the filtering action of the forest foliage. But, as a fact, it has been proved that the destruction of woods and forests has not led to an increase of malaria, but frequently to its mitigation in consequence of better drainage and improved cultivation. The production of fevers in the Agro Romano and in Rome is the result of a complexity of meteorological and physiological conditions. An abundant development of malaria is verified only when the malarious soil (*terreno malarico*) is damp and warm. The malarious charge of the atmosphere may vary greatly, according to the different proportion of the two indispensable factors of malaria—heat and moisture. If both are at their maximum, so is malaria, especially when the sky is clear. When the malarious charge of the atmosphere has been great for many days in succession, and the bodies of the inhabitants have become more or less impregnated with the malarious germs, a fall of temperature may be very injurious, by causing an arrest of the germs within the organism and preventing their rapid elimination by the secretions. Hence it is that northern winds often exercise an unfavourable influence during the fever seasons. On the other hand, it often happens that southern winds, and even the warmest of them—the true sirocco,—blow without doing any harm, because they are not of themselves carriers of malaria, or at any rate they convey it so diffused as not to determine infection in human organisms; while they cannot produce it by raising, as they do, the temperature of the Agro and of Rome when they find the malarious soil of the district dry.

## DEATH AFTER VACCINATION.

AN inquest was held on June 11th on the body of a twin child which had died six days after vaccination by the public vaccinator. A medical witness is reported to have deposed that he was called to see the deceased, who had been dead for upwards of an hour, that he had made an external examination of the body, and found three distinct scratches on the left arm, with a little swelling; the deceased's countenance was very pale, and her fingers and thumbs were drawn together towards the palm of the hand. Witness, it is said, attributed the death to blood-poisoning arising on vaccination, brought on by an unwholesome vaccine matter being inserted in the deceased's arm, and the jury returned a verdict of "Death from blood-poisoning arising on vaccination." In the interests of justice, it is much to be hoped that further inquiry will be made into the cause of death. It is not easy to understand how an external examination of the body should have sufficed for the opinion which is reported. The other twin was vaccinated at the same time and remained in good health, and inasmuch as the operation was performed at a public station, it may be anticipated that more children were inoculated with the same lymph. The statement that unwholesome vaccine matter had been used clearly demands inquiry.

## LECTURES TO MEDICAL PRACTITIONERS IN GLASGOW.

A PROPOSED course of lectures to practitioners is, we believe, being arranged for in Glasgow. The proposal is to have practical lectures on certain branches to which the lecturers have paid special attention, and to make them illustrative as much as possible. Dr. Gairdner is expected to lecture on the Abdominal Diseases associated with the name Tabes mesenterica in the Registrar-General's returns; Dr. Joseph Coats on the Pathology of Phthisis Pulmonalis, especially in regard to its causes and associated lesions in other organs; and Dr. Newman on Affections of the Kidneys to which surgical treatment is applicable. The course will extend over the first three weeks in October, there being two meetings weekly, at each of which two lectures will be given. Each lecturer will therefore give four lectures, and the entire course will include twelve lectures.

## EFFECTS OF VARIOUS DRUGS ON PEPTONISATION.

DR. KLIKOVICH has examined the effect of various drugs on artificial digestion, publishing an account of his observations in the Russian *Weekly Clinical Gazette*. His method was to determine the quantity of peptone after the action of artificial gastric juice for from four to six hours on dry egg-albumen and inspissated blood-serum. This estimation was made by the polarisation instrument of Soleil and Wentzke and by an instrument of Lorant's. For the preparation of the artificial gastric fluid, from 0·5 to 1·0 gramme of pepsine was added to a litre of water containing 10 cubic centimetres of officinal hydrochloric acid. For each observation from 20 to 40 grammes of albumen and 450 grammes of the digestive fluid were employed, 50 cubic centimetres of a solution of the drug whose action was to be examined being added, and a control experiment without the addition of the drug being arranged at the same time. In this way the following results were obtained:—Alcohol, when less than 5 per cent. of the whole mixture, exercised no deterrent effect on the peptonisation, 10 per cent. decidedly retarded it, and a still larger proportion arrested the process entirely. Antipyrin, in quantities up to 2·5 grammes, had no effect; larger quantities had only a slight retarding action. Iodide and bromide of potassium, only when in considerable quantities, interfered with peptonisation; thus 0·5 gramme of the bromide had no effect, but 1 or 2 grammes showed a tendency to prevent it, the iodide acting rather more energetically in the same way. Organic salts of iron had no effect, but reduced iron and its inorganic salts exercised a decidedly adverse action on the process. Calomel, in quantities of from 0·3 to 1 gramme hindered peptonisation, but not to a very great degree. Arsenite of sodium, when in quantities of from 0·05 to 0·1 gramme, did not appear to affect the process in any adverse manner; but from 2·5 to 5 grammes of salicylate of sodium produced a marked retarding effect. The sulphates of sodium and magnesium, even in small quantities, hindered peptonisation. Chloral hydrate, in quantities below a gramme, had no decided effect; but when from 1 to 5 grammes were present a very marked effect was produced, and when more than 5 grammes were introduced the process was absolutely arrested. Chloride of sodium, in quantities of a gramme, had little or no influence. Acceleration of the process did not occur even with very small quantities, but with large ones a retarding effect was observed. Chloride of potassium gave similar results.

## NIGHT-SCAVENGING.

WE have on numerous occasions referred to the grave objections which attach to the old-fashioned system of scavenging by night, which is in operation under a considerable number of somewhat antiquated bye-laws, and which the Local Government Board now invariably refuse to sanction. If the construction of privies and ashpits is such as to prevent decomposition of contents, and hence offensiveness during the process of scavenging, the sooner the matter is brought to the light of day the better. But to do the work under cover of darkness goes far to prevent the needed improvements, and any specially offensive methods of carrying out the removal cannot be properly supervised and checked. For these and many other reasons the system of night-scavenging should be abandoned; and if in the interests of the community it be thought well to restrict the period during which the process may be carried out, this can easily be done by arranging that it shall commence with the beginning of daylight and be discontinued early during the forenoon. Dr. Scott, in reporting on the sanitary condition of Ilkley, informs his readers that up to the begining of the year the emptying of ashpits and the removal of refuse were satisfactorily carried out, but at that date the contractor refused to comply with the request of the authority to do the work under cover of darkness, and hence the duty of scavenging fell into other hands. In a very short time it became evident that the change had become "disastrous," and the sanitary authority were compelled to undertake the work themselves. If the Ilkley Local Board of Health have conditions in connexion with this work which need to be kept from the eyes of their visitors, they had better amend the defects, and not try to get over the difficulty by ordering the scavenging to be done when neither the workman nor the officials who should supervise him can see what they are about.

## "CAN IMAGINATION KILL?"

THIS is, perhaps, hardly the correct form of question that the *British and Colonial Druggist* puts to itself in discussing the death of the young woman at Hackney under circumstances in which Keating's insect powder largely figured. As the powder appears by Dr. Tidy's experiments to be perfectly harmless the suggestion is not unnaturally made that the deceased, who was possibly of a hysterical, highly imaginative turn of mind, took the powder in the full belief that by its means her death might be accomplished? The writer of the article in our contemporary, we think wrongly, brings forward two remarkable instances of what may be regarded as practical jokes with melancholy terminations. In the case of the convict delivered up to the scientist for the purpose of a psychological experiment (the man was strapped to a table and blindfolded, ostensibly to be bled to death; a syphon containing water was placed near his head, and the fluid was allowed to trickle audibly into a vessel below it, at the same time that a trifling scratch with a needle was inflicted on the culprit's neck; it is said that death occurred at the end of six minutes) fear must have played no inconsiderable share in the fatal result, and we do not know whether all the vital organs were in a sound condition, though they were presumably so. The old story of the case of a college porter is also one in point. The students entrapped him into a room at night, a mock inquiry was held, and the punishment of death by decapitation decreed for his want of consideration to the students. It is small wonder that, under the dominion of fear and belief in the earnestness of his tormenters, the sight of an axe and block, with subsequent blindfolding and necessary genuflexion, a smart wrap with a wet towel on the back of his neck should have been followed by the picking up of a corpse.

## MOORE'S TREATMENT OF ANEURYSM.

AT the recent meeting of the American Medical Association Dr. J. Ransokoff related a case of aortic aneurysm, in which he had practised the introduction of wire into the sac. The patient was a coloured man, thirty-five years of age, and the symptoms which had lasted nearly ten months had dated from a sudden and severe effort. The aneurysm sprang from the ascending aorta and formed a considerable prominence on the chest. Treatment by rest, restricted diet, iodide of potassium, and ergotine injections failed to produce any amelioration of the condition; and accordingly, in June of last year, Dr. Ransokoff introduced eight feet of silver wire into the aneurysm, passing it in through a tubular needle. When half this quantity had been passed in, the man became alarmingly faint, and was only revived by injections of whisky. For a fortnight the patient improved, the cough and dyspnœa were less, the œdema of the neck and face subsided, the tumour was firmer, and the pulsation not so marked. Then the prominence and pulsation of the inner part of the tumour increased, and the

operation was repeated, ninety-eight inches of wire being inserted this time. Again the tumour became firmer, but the symptoms were not relieved, and the man was found to be dead in his bed eight days after the second operation. At the necropsy the aneurysm was found to measure 7 in. by 4 in. In the upper and outer third of the sac a thick, firm, adherent, laminated clot was found, and the rest of the sac was lined with a thinner layer of clot. In the clots were found the coils of silver wire. The cause of death was rupture of the sac into the right pleura. The result of the treatment in this case was less successful than that obtained in Dr. Cayley's case, where life was prolonged for several weeks; but it shows that the operation is not beset with difficulty or grave danger, and that it is successful in exciting coagulation in an aneurysm. Dr. Ransokoff used silver wire. Small steel wire is better adapted for the purpose, being less liable to pass from the aneurysm into the artery. The liability to this was shown in Dr. Ransokoff's case, for at the necropsy a coil of wire was found lying just above and close to one of the aortic cusps. There are now some fifteen recorded cases in which Moore's treatment has been practised; more or less distinct improvement has been noticed in at least three cases, but at present we cannot refer to one of complete cure. Considering the desperate nature of the cases in which such a treatment is indicated, such a result is not discouraging.

## "WORK AND WARM WEATHER."

UNDER this heading a contemporary asks, "Ought anything whatever to be done in hot weather?" As yet the season through which we are passing has not afforded any great need or occasion for the inquiry; but we agree that 'the subject is well worth considering." After it has been proved to demonstration that nothing whatever should be done, in schools particularly, during hot weather, we shall be quite prepared to making common cause with the school children in the endeavour to demonstrate that it is undesirable to do anything in cold weather either. In short, let us give up eating, drinking, working, playing, sleeping, and living in the last issue, lest some harm should befall. It is rank nonsense to write and speak as too many who ought to be better informed are writing and speaking just now, as though every act of existence were beset with peril. It would be better for all of us and the world at large if less ingenuity were expended on the invention of "scares," and in the pitiful task of working on the fears of the public. There is a broad line of truth and prudence between the avoidance of obvious follies in self-management and the care of the mind and body, and that crazy dread of disease which makes men and women for fear of death pass their whole lives in bondage.

## AN EPIDEMIC OF ANCHYLOSTOMA IN HOLLAND.

SINCE the epidemic amongst the workers in the St. Gothard tunnel, attention has been directed to the occurrence of the comparatively rare parasite Anchylostomum duodenale amongst miners and brickmakers, and cases have been described by Meusche of Bonn, Leichtenstein of Cologne, Masius of Liege, and Mayer of Aix-la-Chapelle. Recently, too, Dr. Victor Dubois has communicated to an Amsterdam medical journal an account of a series of fourteen cases occurring amongst brickmakers in some villages near Maestricht. All the patients were extremely anæmic, and complained of pain in the epigastrium. At the commencement of the disease they all suffered more or less severely from diarrhœa; palpitation was complained of by all, and most of them were greatly debilitated. Three presented some œdema of the eyelids and anasarca of the lower extremities. All had increased appetites, but no craving for special kinds of food. Vomiting occurred only once, and a slight rise of temperature once. The urine was always normal. The fæces usually presented a very dark brown appearance. The moist clay, with which the patients had to work, was found to contain in the middle of the summer the ova of anchylostoma. When fæces containing the ova were mixed with the clay and kept in a room at a temperature of 20° C. for four days, larvæ developed in the mass. The anchylostoma did not always exist alone, as in some cases oxyuris or trichocephalus were found in conjunction with them. With regard to treatment, iron was given for the anæmia in some cases, and appeared to cure it and to destroy the parasites as well. Santonine was given to some, and others were treated on Lutz's system with large doses of thymol, after a previous clearing out with calomel and senna, and this brought away large numbers of the entozoa, even in cases where the male fern had been previously administered.

## MANIA CONCIONABUNDA.

Is it quite healthy, all this feverish struggle for prominence in affairs, this pushing and elbowing to the front, this passion for hearing one's own voice in public? Celsus describes epilepsy as a "morbus comitialis," so-called from its occasioning comitia to be prorogued if a case of the disease occurred during the proceedings; but had that sensible writer lived in the last quarter of the nineteenth century, he might have modified his classification so as to make the comitia themselves the malady and welcomed the epileptoid seizure as a more or less heroic remedy. M. Regnard, at a recent conference, drew the attention of the Scientific Association of France to a form of derangement which he calls "monomanie grandiose," a mania comparatively new, either because in ancient times it gave to those affected by it a peculiar aureole which imposed on their fellows, or because the conditions under which it is engendered are essentially modern, chief among them being the high-pressure education which inures young ambition to shrink from no task however impossible, and to attempt every aspiration however transcendental. Over and above the struggle for existence there is the struggle for success, in which the weaker, who are often the more ardent, are apt to prove the readier victims; for besides the causes that favour the "monomanie grandiose"—causes inherent in the moral atmosphere around us,—there are others peculiar to the individual; causes often, indeed, hereditary, which the alienist statistician finds more pronounced among the male sex than the female, among bachelors than among the married. Of this mania there is one form in which its subject flatters himself that the world is conspiring against him, lying in wait to circumvent him and achieve his destruction. There is another—and victims to this form are rather in force at present,—in which the subject is persuaded that mankind are dying for want of him panting to put themselves under his guidance, and anxious, above all things, to hear him speak. M. Regnard cites the case of a young ecclesiastic who, having gone through every stage of "monomanie grandiose," ended by becoming completely mad and calling himself the "complementary supplement to Pope Leo XIII." M. Regnard might easily have swelled the list with specimens drawn not from divinity, but from politics. "Complementary supplements" to Mr. Gladstone or Lord Salisbury (for "monomanie grandiose" has no party distinctions), who have convinced themselves they are "patres patriæ," saviours of society, whose departure-point is the public platform, and whose hoped-for terminus is the House of Parliament. Science gives to their disease the specific name of "mania concionabunda," a mania, that is, which addicts itself to popular meetings and harangues, to placarded manifestoes and controversial encounters before

the multitude. True, the terminus is not always reached; there is a burst-up or a collision, and the victim is lost sight of, only, however, to be replaced by others not less eager. M. Regnard, having defined the malady, its symptoms, and its course, next applies himself rather despondingly to its cure. Copious "bleedings"—in the pecuniary sense—have been partially successful, but removal from the moral contagium is his wisest suggestion. This, accompanied with a steady course of inductive science, beginning with its originators, "Novum Organum," and pausing over Aphorism 77, where we are admonished that "when the populace applauds us we should ask ourselves what fault we have committed," may with some confidence in the result be put in practice. For humbler cases, M. Regnard is reminded of the two Quaker brothers whose joint vocation was commerce. One of them, afflicted with "mania concionabunda," was unsuccessful in his political venture, and thereupon received the fraternal prescription: "I have heard of thy defeat, William, nor do I greatly grieve at it; for now thou wilt drop other people's business, and attend to thine own."

## CHOLERA INTELLIGENCE.

THE cholera news which has reached this country during the past week has been somewhat disconnected. It is, however, evident that the disease still prevails in several portions of Italy. Thus, in Venice, an increase in the daily number of attacks has taken place, and, according to a correspondent of the public press, as many as thirty-nine fresh cases have been notified in one day. Other returns are to the effect that during the week ending mid-day of the 14th instant the daily attacks have varied between five and twenty-one, and that the total cholera deaths for the week have been fifty-seven. Venice is, in fact, deserted by all visitors and pleasure-seekers, and the authorities are endeavouring, by placing military guards over the houses affected, to keep the disease from extending further. These measures, however, appear to be comparatively useless. Some attacks have taken place in Florence, but they seem to be the result of importation from Venice, and this notwithstanding the attempts that are made strictly to isolate the households attacked. Bari and Brindisi also continue infected. As regards Bari, eleven deaths have taken place during the week ending the 14th inst.; but as to Brindisi, no records of cholera deaths find their way out of the country. Oria, an inland town in railway communication with Brindisi, has also been affected. The latest news of the extension of cholera comes from Trieste, where, on June 12th and 13th, two fatal attacks occurred in different parts of the town. The disease is therefore prevalent in various parts of the kingdom, and its maintained persistence in one or two places at the two extremes of the peninsula must still be regarded as giving ample grounds for anxiety as to the future.

## SMOKING TOBACCO.

THE use of tobacco, as distinguished from its abuse, ought to be a matter of intelligent observation and experience. We should incline to the opinion that any particular individual who can say, "I always know when I have smoked enough—if I go beyond the just limit I lose my power of prompt decision," had better not smoke at all. It is clearly unwise for a man who cannot swim to persist in dabbling in deep waters. There are currents and under-draughts which may at any moment destroy his balance. The very reverse of the complaint made by this person is the experience of most smokers. A moderate use of tobacco soothes the senses, and leaves the mental faculties free from irritation and ready for calmly clear intellectual processes. When this is not the effect produced by smoking, the "weed" had better be eschewed.

## THE SIGNIFICANCE OF COLLAPSED BOWEL IN OPERATIONS FOR INTESTINAL OBSTRUCTION.

IT is generally held that in intestinal obstruction the bowel above the obstruction is dilated, and that below it is collapsed. And of this fact practical use has been made, for in case of doubt as to the seat of obstruction when operating for its relief, collapsed bowel has been sought for and followed up to the lesion. Dr. Michael, of Baltimore, has published a short note in the *Medical News* of May 29th, to show that this rule is not without exceptions. He mentions two cases which occurred in his practice this year. In the first case, on opening the abdomen he at once saw collapsed small intestine; but he subsequently found the transverse colon so distended that the peritoneal coat was ruptured in several places, and the seat of obstruction was a stricture of the sigmoid flexure. In the second case, also, coils of collapsed small intestine were at first seen, and then the cæcum and sigmoid flexure were found distended above a stricture in the latter portion of the bowel. The "note" is very short, and no explanation of the fact is given. Such cases are notable exceptions to the general rule, and as such they are well worthy of regard; but, after all, they are exceptions, and surgeons must look for guidance to the rule. There must be some explanation of such an unusual occurrence, and we wish Dr. Michael had been able to give it.

## A GALLANT ACT.

WE have great pleasure in recording an act of bravery and prompt action on the part of one of the junior members of the profession. On June 9th Mr. Frank Edward Nichol, assistant house-surgeon at St. Thomas's Hospital, was about to cross Westminster-bridge when his attention was attracted to a crowd on the Embankment and the presence of an old man in the river who was evidently drowning. Without hesitation Mr. Nichol ran down the steps, divested himself of his coat, and plunged from the parapet into the water. He had great difficulty in getting hold of the man, but managed to keep him above the surface until a boat arrived. Mr. Nichol's labours did not end here, for the man was pulseless and had ceased to breathe. It was necessary, therefore, to perform artificial respiration, in which Mr. Nichol was also successful. The man was admitted into the hospital, from which he was discharged quite well two days later. Such a deed is worthy of the highest praise, and we hope that Mr. Nichol will receive that recognition which it is in the power of the Royal Humane Society to bestow. We are pleased to add that no ill consequences have been suffered by the rescuer.

## HOLIDAYS FOR THE OVERWORKED.

IN this hard-working age—and such it still is for very many, notwithstanding the long-continued depression of trade—the annual holiday has a continual interest, alike while it is expected or enjoyed and when it is remembered. That it is also in point of refreshment for mind and body an undoubted boon it is needless to assert. Almost everyone whose means permit now leaves town for a week or two of purer air than the rest of the year gives him. Each has his own ideal of what is recreation for him, but rest and variety are the components of every such ideal. In former articles upon this subject we have discussed its merits with our medical brethren and others in professional life, whose necessities in the matter of timely relaxation are well known. Now, we are happy to find that circumstances are so shaping themselves as to bring like holiday facilities within the reach of the labouring classes. These have not hitherto, for the most part, had either opportunity or means of arriving at what is to them a restorative at least equally

needful, but there is reason to expect that the former at all events will soon be obtainable. An article in the *Banner* suggests that rural clergymen should try to induce some of their wealthy parishioners to set apart one or two cottages for the use of shop *employés* released for a time from their duties in town. The idea is a good one, and if heartily taken up would meet an urgent want at no great cost to anyone concerned. Meanwhile, some employers of labour have taken a step in the right direction by arranging that each workman on their premises shall have in turn a week in each year for recreation without loss of wages. An extension of this custom is very desirable, and the week thus gained might, by a little self-help or by combination with the system of cottage-residence, be converted into a week in the country for artisans and their families. Even prudence teaches us that such measures, by invigorating those who form the backbone of our commerce and manufactures, must increase the contentment and prosperity of the whole population.

## THE ELASTIC TISSUE TEST IN PHTHISIS.

THE plan of searching the sputum of phthisical patients for elastic tissue is so troublesome and disagreeable that it is not employed by practitioners in doubtful cases so often perhaps as it should be. A Russian observer, Dr. Opatski, has recently published the results of observations on more than a hundred phthisical cases in Professor Manassein's clinic, carried out with a view of determining the applicability of this method for diagnosing the disease. He divides the cases into three groups. The first, consisting of fifteen patients, comprised all those in whom the signs of phthisis were somewhat doubtful, six presenting no dulness; while in nine others, though flatness of the percussion note was detected, there was a lack either of bronchial breathing or of increased vocal fremitus, but not of both. In all fifteen elastic fibres were found, but the appearance was characteristic in twelve only, in the other three separate fibres merely being discovered. It is, however, remarkable that in all the six cases with the least phthisical signs characteristic elastic fibres were found. The second group contained twenty-nine cases, all of them presenting indubitable signs of phthisis—that is to say, dulness, bronchial breathing, and increased fremitus, or two of these signs at least; besides, in half of them there were moist râles. Here, again, elastic tissue was found in all, though in three there were only separate fibres. The third group of fifty-seven cases consisted of those in which there was more or less distinct evidence of cavities. Elastic fibres were found in fifty-five, all but one forming characteristic specimens, while in the exceptional case some separate fibres only were seen. In two cases no traces of fibres could be discovered. The sputum in these two cases was particularly foul, and the author throws out the suggestion that some ferment of the nature of trypsin may perhaps have been present in sufficient quantity to produce destruction of any elastic tissue which may have existed. In addition to the 101 cases included in the foregoing groups, there were two others undoubtedly phthisical, the sputum also containing elastic fibres, but intentionally omitted by the author because he was unable to detect any Koch's bacilli in them, and he had determined to include in his list only such cases as presented these micro-organisms. With regard to the question of correspondence between the number of bacilli and the quantity of elastic tissue, he was unable to find such close agreement as was described by Dettweiler and Meissen; still, in the majority of cases an abundance of elastic tissue was accompanied by a large number of bacilli. Thus a considerable quantity of elastic tissue was found in seventy-one cases, and in forty-nine of these the number of bacilli was also great, though in the rest it was not so, being described as "moderate" in fourteen, and "small" or "very small" in eight. In the two cases where there were no bacilli a fair quantity of elastic tissue was found. Ehrlich's method was used for bacilli, and the ordinary plan of boiling with potash as described by Bizzozero and Firket for the elastic tissue.

## THE GAIT IN DISEASE.

FOR purposes of exact registration there is nothing to equal an automatic representation of the desired facts. The wetted foot in progression leaves a certain imprint on the ground of characteristic outlines; if this imprint has a particular shape for normal gait, we may naturally suppose that abnormal gaits will furnish varieties. This is the idea on which M. Gilles de la Tourette has worked in producing his "Études cliniques et physiologiques sur la Marche."[1] It is chiefly in diseases of the nervous system that he has employed this principle of registration, and some very curious figures testify to the peculiarities in the gait of individuals suffering from nervous affections. The bare soles of the feet were rubbed well with English red oxide of iron, and the patient walked on a long narrow strip of paper, in M. de la Tourette's experiments. As the hand in writing, so the foot in walking, leaves its trace; and we doubt not that the method employed by M. de la Tourette will prove useful in medical science

## THE SEWERAGE OF RAMSGATE.

A PETITION to the President of the Local Government Board is in course of preparation in connexion with the sewerage of the borough of Ramsgate. In March, 1885, an inquiry was held, which led the Local Government Board to authorise the Town Council to borrow £20,000 to carry out a scheme designed by Mr. Baldwin Latham; and the petitioners declare that since then, the Corporation having in the meantime appointed their own surveyor to act as their "engineer" in the matter, serious departures have been made from the original scheme. These departures, it is contended, go to render the system much less efficient than it would have been under the original scheme, and in some respects very serious drawbacks are expected to ensue upon their adoption. It is also stated that Mr. Baldwin Latham has disclaimed all responsibility for the action which has been taken.

## THE NATIONAL PHYSICAL RECREATION SOCIETY.

THERE can be no hesitation in admitting the advantage to the working classes which is likely to follow the formation of the National Physical Recreation Society. It is therefore satisfactory to observe that the aims of the Society are as extensive as they can well be. They will be directed to encourage athletic exercises among Board School children on the one hand and working men and boys on the other. The need of the Society's efforts is chiefly felt in the large towns, and these will therefore form the sphere of its operations. Town life has of late years undergone, or is undergoing, changes for the better which will fortunately promote the objects aimed at. Building is less close than formerly, open spaces have been laid out, even in the most crowded districts, and there is now a definite prospect that working hours will be subject to such limitations as will allow the worker a sufficient period of rest with some chance of morning or evening leisure for his own pursuits. The Society will do well to avail itself of the assistance which circumstances thus afford it in fixing the times and places for exercise. For example, gymnasia might be planted near the larger open spaces and a part of the

[1] Paris: A. Delahaye and Lecrosnier, 14, Rue des Carmes. 1886.

latter utilised for the erection of apparatus. Some time ago we advised that swimming should form a regular part of physical education. The young Society must, we fear, have considerable difficulty in assisting learners of this useful art. At the same time, if it did no more than advertise the locality of any baths adjacent to the various gymnasia, the convenience of members would be materially served. This organisation, we understand, will be as far as possible self-supporting, as it is most desirable that it should be. The sum of £1000 is necessary, however, in order to start the undertaking, and subscriptions towards this amount may be sent to the Society's offices, Northumberland Chambers, Northumberland-avenue, London.

## INFLUENZA AT ST. PETERSBURG.

IN a discussion at a session of the St. Petersburg Medical Society on a severe epidemic of influenza which has this year affected the population of the city, it was stated by Dr. Petersen that towards the end of the attack many children had developed a kind of spurious whooping-cough, which, however, had terminated much more quickly than true whooping-cough generally does. Other complications of a bronchitic, pneumonic, ophthalmic, and dysenteric nature were described by different practitioners. Dr. Poehl mentioned that, having examined the urine in the cases of six of his own sons by means of Ehrlich's test a negative result only was obtained. Dr. Petersen had examined the thin nasal mucus in several cases, and had found multitudes of minute micro-organisms, frequently in chains; and though no cultures were made, he thought it more than probable that in influenza the active agent is of an organic nature. The treatment adopted was very various. In the cavalry school emetics and local applications of aqua laurocerasi, cocaine, &c., were adopted, while in the engineer school insufflations of bismuth and morphia were said to have produced satisfactory results.

## THE PANIC ON THE HASTINGS PIER.

THE morals of the panic on the Hastings pier are two. First, it is supremely silly to allow oneself to be scared by what is almost known to be a false alarm, as was the case in this instance, the fact of a gun being fired being perfectly well known to everybody; and second, the officials in charge of any building have no sort of right to refuse or neglect to open the extra doors provided for exit in case of need, whenever and however a panic occurs. In the fright at the Pavilion on the Hastings pier the extra doors are said to have been purposely kept closed, and if this be the fact, a great mistake was made.

## LITTER AND STRETCHER STATIONS.

THE Committee of the Ninth District of the St. John Ambulance Association has, on the recommendation of Surgeon-Major Platt, of the Volunteer Medical Staff Corps, established in the Kilburn District eight litter and stretcher stations, at all of which stretchers are kept in readiness for immediate use, in case of accidents, for the removal of injured persons to their homes or to the nearest hospital. In addition to the stretcher at the central station, a Furley litter, an invalid chair, and an ambulance hamper containing splints and other requisites for first aid, are kept, and at No. 2 a St. John Ambulance wheeled litter is stationed. These will all be available gratuitously in cases of accident; in other cases, when the use of a stretcher or litter is required, we presume a moderate charge will be made, and, on application to the superintendent, skilled bearers will be provided. The Committee has printed and distributed through the district a plan showing the position of the various stations at which the stretchers and litters are kept. The establishment of these ambulance stations cannot fail to be a great boon to the public, and we trust the example thus set may soon be followed in other districts of London and the suburbs.

## REFUSAL OF A PROFESSORSHIP.

DR. L. KIRN, extraordinary professor in Freiburg, who had been elected by the medical faculty of Dorpat to the professorship of Psychiatry with charge of the clinic for mental diseases, has declined the invitation, preferring to remain in Freiburg. This can hardly be considered surprising if the rule which exists in Russian universities compelling professors to submit their lectures in manuscript to a police official several months before delivery is enforced in Dorpat, or at least in the medical faculty. There is, however, no doubt that professorships in Russian universities are not very comfortable posts at present, and that is the secret of the numerous resignations which are so constantly being announced. Resignations of chairs in our own universities are almost unknown, except on account of promotion or very advanced age.

## BACTERIOLOGY.

THE great and increasing interest taken in the subject of bacteriology is well exemplified by the fact that a second edition of the work of MM. Cornil and Babès ("Les Bactéries," Paris: F. Alcan) has just appeared within twelve months of the publication of the first edition. Even in this short space of time much has been added to existing knowledge upon pathogenic micro-organisms, so that the authors of this work have found it necessary to make many additions to the text. We note also a decided improvement in the introduction of coloured illustrations into the text—there are no fewer than 348—instead of collecting them in a series of plates at the end of the volume. This mode of illustration—which was first adopted, at least on a large scale, in Dr. Woodhead's "Practical Pathology"—will, we hope, grow in favour; for there is no question as to its advantages for the reader.

## NERVES FOR COLD AND HEAT.

PHYSIOLOGY is fertile ground for paradox. Menthol, a remedy for neuralgia, imparts a sensation of coldness to the skin on which it is rubbed. The part that has been rubbed with the menthol is, as a matter of fact, as ascertained by Dr. Goldscheider, hotter than the surrounding skin. This observation adds one more to the reasons already advanced, showing that the nerves which convey impressions of cold are at all events physiologically separated from those that conduct sensations of heat. Menthol is a powerful stimulant of the nerves conveying sensations of cold.

## NEPHRECTOMY AND RESECTION OF LUNG.

A MAN, aged forty-nine, received a wound in the left side of the chest between the ninth and tenth ribs on August 30th, 1885. There was a hernial protrusion of the lung of the size of half a fist. Urine and blood flowed from the wound from the very first. Peritonitis developed and gradually became localised to the left flank. Inflammation of the protruded lung and phlegmon of the tissues around caused M. Demons to resect the pulmonary hernia by means of the thermo-cautery and écraseur eight days after the accident. Profuse offensive discharge, however, continuing, and the phlegmon not subsiding, M. Demons performed nephrectomy on September 26th, twenty-seven days after the accident. A vertical incision being made in the lumbar region gave vent to a large quantity of offensive matter, when the fascia of the quadratus lumborum had been incised. Considerable hæmorrhage followed the removal of the kidney;

suppuration continued for five months, and did not cease till a large sphacelus of connective tissue had been expelled. The case is interesting from a practical surgical point of view; unusual complications no doubt presented themselves, but the question remains whether the entire removal of the kidney was called for.

## HIGH NURSING AND HYPODERMIC INJECTIONS.

THE lay press is happily, though alas that it should be necessary, calling attention to the inexpediency of allowing hypodermic needle apparatus to pass out of professional hands. It is one of the drawbacks of high nursing that trained attendants on the sick are not content to limit their ministrations to the simpler duties of preparing and administering food, giving medicine, &c., as specifically directed, dressing wounds, and generally tending the sick with gentleness and intelligence. We have again and again protested against the folly and, as we believe, danger of permitting nurses to carry and use hypodermic injectors. The use of the hypodermic syringe by non-medical hands ought, we are convinced, to be peremptorily and formally interdicted.

## THE BRITISH MEDICAL ASSOCIATION.

THE fifty-fourth annual meeting of the British Medical Association will be held at Brighton on Aug. 10th and three following days. An address in Medicine will be read by J. G. Billings, M.D., of Washington; an address in Surgery by Mr. F. A. Humphry, surgeon to the Sussex County Hospital; and an address in Public Health by Dr. E. D. Mapother, consulting medical officer to the city of Dublin.

## TWO NEW BURSÆ AT THE KNEE-JOINT.

M. POIRIER demonstrated, at a recent session of the Paris Anatomical Society, the existence of two new serous bursæ at the knee. They are situated, the one between the internal lateral ligament and the femur, the other between this same ligament and the tibia, and are separated from each other by the insertion of the internal ligament into the inter-articular cartilage. There is generally considered to be a prolongation of the articular synovial membrane at this point.

## INDIAN HEMP IN DENTAL OPERATIONS.

INDIAN HEMP is recommended by Dr. Aarousin as an anæsthetic during dental operations. The tincture is diluted with from three to five times its volume, and applied by means of a plug of cotton-wool to the cavity of the tooth, and, in addition, is painted on the gum in the neighbourhood of the diseased tooth with a brush. The top of the tooth, too, may be similarly treated.

MR. JESSOP, whose injury by a carriage accident we noted in our last issue, is, we are glad to learn, recovering. The brougham in which Mr. Jessop was seated was broken up, and the injuries he sustained were undoubtedly reduced to a minimum by his presence of mind in retaining his seat instead of obeying the first impulse to leap out when the horses escaped from the control of the coachman.

A COMMITTEE of twenty-five members has been appointed in Vienna for the purpose of making arrangements for the forthcoming International Congress to be held there in 1887.

A COURSE of Bacteriology is announced to be given in Madrid by Don Santiago Garcia Fernandez, who has studied in Berlin and Munich.

DURING the remainder of the Summer Session, lectures on Diseases of Children will be delivered at the Children's Hospital, Great Ormond-street. A prospectus of these lectures can be obtained by application to Dr. Sturges or the Secretary at the hospital. The lectures are not intended for students only, but also for practitioners. The practice of the hospital is likewise open free to practitioners and senior students. Two lectures by Mr. Cartwright will be delivered on "Lesions of Dentition, their Surgical and Mechanical Treatment," on June 16th and 23rd, at 9.30. Dr. Lubbock will deliver two lectures on "Diseases of the Respiratory Organs in Children" on June 25th and July 2nd, at 3.30 P.M. Dr. Sturges will lecture on July 7th, at 3.30 P.M., on "Body Heat in certain Diseases of Childhood and its Significance." The Children's Hospital thus bids fair to become a centre for teaching on diseases of childhood. Already the hospital has been well attended by both practitioners, including medical men from the colonies, and students. The development of a school for teaching diseases of children systematically is a need in London, and the effort made by the staff of Great Ormond-street Hospital deserves every encouragement.

THE success which attended the action of the Council of the Sanitary Institute of Great Britain in publishing an abstract of the late Dr. Farr's works, and the approval which that volume has obtained from workers in hygiene, have led the Council to undertake the publication of the writings of Mr. John Simon, C.B., F.R.S., formerly medical officer to the Privy Council and Local Government Board. Many of Mr. Simon's papers are of immense importance at this juncture, when various social questions connected with the housing, occupations, and feeding of the poor are coming into the field of practical politics, and we heartily wish the Council success in the execution of their design. Dr. Edward Seaton has been chosen as editor, and the work will be revised by the author.

ON June 16th, Dr. Acland gave a demonstration at the Brompton Consumption Hospital of the micro-organisms found in diseases of the lungs. He exhibited a large number of cultivations as types of various species of organisms, as well as microscopical specimens of aspergillus mycosis, woolsorters' disease (anthrax), septic pneumonia, pus from empyema, diphtheritic membrane, and actinomycosis of the lung in man and animals. The next demonstration will be on June 26th, at 4 P.M., when the organisms found in pneumonia and tubercle will be shown, and the subject will be illustrated by many of Dr. Crookshank's micro-photographs.

THE *Journal of Reconstructives* is the title given to a quarterly publication dealing entirely with dietetics, the only paper in the world devoted to this subject. The current number contains an article by Dr. Milner Fothergill on "The Dietary in Digestion," and one by Dr. W. S. Playfair on "Constitutional Treatment in certain forms of Disease in Women."

THE health of the British troops quartered at Assouan and at other stations up the Nile is very unsatisfactory. No less than 150 deaths are stated to have occurred lately from enteric fever and heat apoplexy, while 710 invalids were under orders to leave for Cairo on the 17th inst.

THE Paris Academy of Sciences having to appoint a successor to M. Desseignes, late corresponding member in the chemical section, has shown its large-heartedness in nominating in the place of the deceased French *savant* a German, Dr. von Baerger, Professor of Chemistry in Munich.

IT is reported that "black fever" is raging in the upper part of Rhondda Vach Valley. During the last fortnight there have been 160 cases, and 21 patients have already died. Scarlet fever is also stated to be extremely prevalent in the same locality.

DURING a stay of eight weeks in Meran, Duke Theodor of Bavaria is stated to have attended more than a thousand ophthalmic patients, and to have performed 132 major eye operations.

BY the capsizing of a yacht on the Severn on the 15th inst., Dr. Davey, surgeon of the Severn Tunnel works, was drowned.

PROFESSOR BIRCH HIRSCHFELD, of Leipsic, has been obliged by severe illness to leave the university, and is gone to Reichenhall.

PROFESSOR VON LANGENBECK, who has been nearly blind from cataract, has been operated on successfully by Dr. Pagenstecher in Wiesbaden.

THE French Senate have agreed unanimously to the vote of 200,000 francs for the Pasteur Institution.

## IRISH MEDICAL ASSOCIATION.

THE annual meeting was held on the 7th inst., presided over by Dr. Edward Hamilton. The report of the Council referred to the Medical Bills now before Parliament, and stated that their principles and provisions, so far as they went, were in complete accord with the views of the Association. The Bill introduced by Mr. Mayne to amend the Labourers' Act made no provision for remunerating medical officers for inspecting cottages and reporting on the same; but the Association obtained the addition to the Bill of a new clause giving remuneration to medical officers of health under its provisions. The Government Bill to allow compensation to Poor-law officers upon abolition of office was merely permissive, not mandatory, and the Council were therefore thoroughly dissatisfied with its provisions. In the House of Lords an amendment to have the desired effect was passed, but when sent back to the Commons for approval the word "salary" was struck out, the clause being thereby greatly reduced in value to all Poor-law officers. The report also drew attention to the question of revaccination, and to substitutes for prison surgeons under certain conditions.

The following resolutions were adopted:—

"That the Medical Acts Amendment Bill recently introduced to Parliament, though it fails to deal with the unqualified practice of medicine and is deficient in other respects, is yet in conformity with the declared policy of the Association, and is therefore, so far as it goes, deserving of its approval and support."

"That this Association strenuously protests against the injustice done to union medical officers by depriving them of their means of livelihood upon abolition of office consequent upon the amalgamation of unions, without securing to them provision for their compensation. That such method of dealing with these officers is at variance with the custom of the public service, and a great hardship upon them."

"That it is indispensable to the efficiency of the Poor-law Medical Service that the issue of medical relief tickets shall be limited to deserving cases, and that, with this object, some means of cancelling improperly issued tickets should be provided more effective than that which the existing system offers. That the Council be directed to promote an amendment of the law on the earliest favourable opportunity."

Dr. Hamilton having left the chair, and Dr. Kinkead, the new President, having been called thereto, a vote of thanks was passed to the outgoing President for his services during the past year. The annual dinner took place in the evening in the Albert Hall of the College of Surgeons.

## VITAL STATISTICS.

### HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5699 births and 3027 deaths were registered during the week ending June 12th. The annual death-rate in these towns, which had steadily declined in the preceding twelve weeks from 29·3 to 17·0 per 1000, was last week 17·4. During the first ten weeks of the current quarter the death-rate in these towns averaged 19·1 per 1000, and was 3·1 below the mean rate in the corresponding periods of the ten years 1876-85. The lowest rates in these towns last week were 9·0 in Brighton, 12·4 in Cardiff, 13·1 in Birkenhead, and 13·6 in Derby. The rates in the other towns ranged upwards to 24·8 in Manchester, 25·4 in Wolverhampton, 26·4 in Blackburn, and 34·5 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 278 and 279 in the preceding two weeks, declined last week to 265, a lower number than in any previous week of this year; they included 89 from measles, 60 from whooping-cough, 47 from diarrhœa, 28 from "fever" (principally enteric), 23 from scarlet fever, 18 from diphtheria, and not one from small-pox. No death from any of these zymotic diseases was recorded last week in Norwich or in Plymouth; whereas they caused the highest death-rates in Portsmouth, Bolton, Blackburn, and Preston. The greatest mortality from measles occurred in Bolton, Blackburn, and Preston; from whooping-cough in Portsmouth and Derby; from "fever" in Preston, Portsmouth, and Huddersfield; and from diarrhœa in Preston, Cardiff, and Blackburn. The 18 deaths from diphtheria in the twenty-eight towns included 11 in London and 3 in Portsmouth. Small-pox caused no death in London and its outer ring, or in any of the twenty-seven large provincial towns. The number of small-pox patients in the metropolitan asylum hospitals situated in and around London, which had been 35 and 25 on each of the preceding two Saturdays, had risen again to 29 at the end of last week; 9 new cases were admitted to these hospitals during the week, against 10, 6, and 4 in the preceding three weeks. The Highgate Small-pox Hospital contained 2 patients on Saturday last, no case having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had declined in the preceding twelve weeks from 917 to 179, rose again last week to 216, but were 48 below the corrected average. The causes of 72, or 2·4 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Leeds, Nottingham, Portsmouth, Salford, and in five other smaller towns. The largest proportions of uncertified deaths were registered in Sunderland, Huddersfield, Halifax, and Preston.

### HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had steadily declined in the preceding six weeks from 23·1 to 20·9 per 1000, was again 20·9 in the week ending June 12th; this rate, however, exceeded by 3·5 the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 14·8 in Leith and in Perth to 22·5 in Edinburgh and 22·9 in Glasgow. The 516 deaths in the eight towns showed an increase of but one upon the number in the previous week, and included 19 which were referred to whooping-cough, 10 to measles, 7 to diarrhœa, 6 to scarlet fever, 4 to "fever" (typhus, enteric, or simple), 3 to diphtheria, and not one to small-pox; in all, 49 deaths resulted from these principal zymotic diseases, against 60 and 68 in the preceding two weeks. These 49 deaths were equal to an annual rate of 2·0 per 1000, which exceeded by 0·5 the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 11, 17, and 21 in the preceding three weeks, fell last week to 19, of which 6 occurred in Edinburgh. The 10 deaths from measles showed a decline of 9 from the number in the previous week, and included 8 in Edinburgh and 2 in Leith. The 7 deaths attributed to diarrhœa were fewer than those in recent weeks, and were 6 below the number in the corresponding week of last year. The 6 fatal cases of scarlet fever corresponded with the number in the previous week; 4 were returned in Glasgow.

The deaths referred to "fever," of which 2 occurred in Edinburgh, showed a decline from recent weekly numbers. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 86 and 90 in the previous two weeks, rose again to 90 last week, and were 4 below the number in the corresponding week of last year. The causes of 80, or 16 per cent., of the deaths in the eight towns last week were not certified.

### HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 28·7, 26·0, and 26·2 per 1000 in the preceding three weeks, declined to 20·8 in the week ending June 12th. During the first ten weeks of the current quarter the death-rate in the city averaged 26·3 per 1000; the mean rate during the same period did not exceed 17·7 in London and 19·5 in Edinburgh. The 141 deaths in Dublin last week showed a decline of 36 from the number in the previous week, and included 5 which were referred to the principal zymotic diseases, against 6 and 9 in the previous two weeks; 4 resulted from whooping-cough, 1 from diarrhœa, and not one either from small-pox, measles, scarlet fever, diphtheria, or "fever." These 5 deaths were equal to an annual rate of 0·7 per 1000, the rates from the same diseases being 1·5 in London and 4·1 in Edinburgh. The fatal cases of whooping-cough, which had been 2 and 3 in the preceding two weeks, further rose last week to 4. Five inquest cases and 6 deaths from violence were registered; and 41, or more than a quarter of the deaths, were recorded in public institutions. The deaths of infants were more numerous, while those of elderly persons were fewer, than in any previous week of this year. The causes of 15, or nearly 11 per cent., of the deaths registered during the week were not certified.

## THE SERVICES.

INDIA OFFICE.— THE Queen has approved of the following, amongst other promotions made by the Governments in India:—Brigade Surgeon William Frederick de Fabeck, M.D., of the Madras Medical Establishment, to be Deputy Surgeon-General; Surgeon-Major Joseph Francis Barter and Surgeon-Major Hugh Griffith, of the Madras Medical Establishment, to be Brigade Surgeons; Surgeons John Lane Corbett, M.D., Samuel Haslett Browne, M.D., Edward Mair, James Armstrong, Louis Richard Dawson, M.D., Horace Parr Yeld, John Campbell Fullerton, and Charles James Hislop Warden, of the Bengal Medical Establishment, and Surgeons David Aikman Patterson, M.D., James Sutherland Wilkins, and William Alexander Barren, of the Bombay Medical Establishment, to be Surgeons-Major.

ADMIRALTY.—The under-mentioned Staff Surgeons have been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet:—Edward William Doyle and George Kell.

The following appointments have been made:—Surgeon James Porter, to the *Impregnable;* Surgeon Henry E. Beatty, to the *Calypso;* and Henry Gramshaw, to be Surgeon and Agent at Walton-on-the-Naze.

YEOMANRY CAVALRY.—North Somerset: Surgeon John J. Saville is granted the honorary rank of Surgeon-Major.

ARTILLERY VOLUNTEERS.—1st Worcestershire: Charles Horace Barkley, Gent., to be Acting Surgeon.—1st Cumberland: Charles Maculloch, Gent., to be Acting Surgeon.

RIFLE VOLUNTEERS.—4th Volunteer Battalion, the Essex Regiment: Surgeon John Vance, M.D., is granted the honorary rank of Surgeon-Major.—2nd London: Surgeon E. Sandwell is granted the honorary rank of Surgeon-Major.—2nd Volunteer Battalion, the South Staffordshire Regiment: Acting Surgeon E. T. Collins resigns his appointment.—1st Cadet Battalion, the Royal Warwickshire Regiment: Francis William Underhill, Gent., to be Acting Surgeon.

AT a meeting on behalf of the Convalescent work of the Charity Organisation Society, held recently, it was reported that there are now 110 homes working in co-operation with the Society, and that in the past year 2116 cases had been dealt with. The average cost of a bed for a year, *plus* 10 per cent. for working expenses, is £28 10*s.*; of a "summer" bed, £15.

# Correspondence.

"Audi alteram partem."

## WHOOPING-COUGH.

*To the Editor of* THE LANCET.

SIR,—I ask for space to refer shortly to the paper on whooping-cough (by Dr. W. H. Barlow of Manchester) which appeared in your impression of May 8th. A case reported by me is there quoted from Dr. Sturges' recent lectures on "Disease in Early Life" (*Medical Times and Gazette*, July, 1885); and as Dr. Barlow alludes to me as a competent observer, I desire to try to show myself somewhat more worthy of that name than I should be if my case were to be read in the light of Dr. Barlow's comment thereon.

The case was meant to illustrate the important and moot question—Does pertussis ever arise directly out of catarrh? Two children developed pertussis five weeks after the onset of scarlatina, during *isolation* (of which I gave the details that appear in Dr. Barlow's quotation). The point of the case is that the children fall ill with scarlatina, are immediately isolated and surrounded with the regulation antiseptic appliances, develop bronchitis, and five weeks after the beginning of the isolation develop typical pertussis. This point is of course lost if the isolation can be shown to be as fictitious as is suggested by Dr. Barlow, who says (1) there was a nurse there; (2) the strange medical man and the father *may* have visited cases of pertussis; (3) a neighbour's child *may* have been admitted into the room. I would repeat that *no one else* saw the children except those mentioned in my report; neither of the doctors (the father and myself) had seen a case of pertussis during the time alluded to; and the nurse who had been with the children from the beginning of the fever had sole charge of them night and day, and was perfectly well the whole time. Had these facts not been established the case would not have deserved notice at all. With regard to the "carbolic acid sheet" and vapour, I merely mentioned these to show that the usual precautions were taken which are believed in by those who practise according to the creed of microzymosis. For myself, I agree with Dr. Barlow in thinking them of no probable value. Of more importance is the fact that the two rooms (at the top of the house) were regularly ventilated by open windows.

What, I think, my case shows is that convulsive cough may develop out of a catarrh where the absence of a specific contagium is as demonstrable as any negative evidence can make it, and in the presence of the recognised clinical antiseptics which the profession has taught the public to trust in. I would add to the report of this case that the pertussis developed from ten to twelve days after the symptoms and signs of bronchitis; so that Dr. Barlow's belief in the definite fourteen days' incubation of pertussis would exclude the possible objection that the infection may have been received before the scarlet fever was recognised. In my opinion, however, such an objection would be stronger than all Dr. Barlow's suppositions, for it could not be so easily traversed. I believe that there are many cases which *must* be called pertussis (if we read them from symptoms alone) that do not spread. I have repeatedly observed this, especially in hospital practice, and in cases in families where there are presumably unprotected children obnoxious to the hypothetical contagium. This, however, is too large a subject to touch upon in a letter. Dr. Barlow admits that whooping-cough does not spread at Pendlebury, but says it is because the cases are soon sent out, and the contagium is less virulent in the early stage. But Dr. Bristowe, a strict contagionist (and with him here are most clinical observers, whatever their creed), teaches that the contagium, whatever it is, is most active in the early stage, and before the characteristic cough is developed. The number of cases of pertussis, or convulsive cough, following immediately on measles—the pre-eminently catarrhal malady—is certainly overwhelming; and I feel sure that, whatever this connexion may mean, clinical statistics taken on this point would show a close sequence unparalleled by any other pair of zymotic diseases.

I am, Sir, yours truly,

London, June 1st, 1886. H. B. DONKIN.

## TUBERCLE BACILLI IN ADDISON'S DISEASE.

*To the Editor of* THE LANCET.

SIR,—In your last week's number there is an interesting note on the discovery of tubercle bacilli in the supra-renal capsules in Addison's disease. I should be obliged if you will permit me to point out that in a clinical lecture at King's College Hospital last month I showed the enlarged and caseated capsules in a well-marked and fatal case of Addison's disease, and told my class, that after repeated and most careful examinations for the special object of detecting tubercle bacilli, one of our best modern microscopists and bacteriologists had failed to find any bacilli. It is therefore clear that in this respect, as in some others, cases of Addison's disease differ, and that we must not too hastily assume that it is always a strictly tubercular affection.

I am, Sir, yours, truly,

George-st. Hanover-sq., June 14th, 1886. JOHN CURNOW.

## ELECTROLYSIS IN STRICTURE OF THE URETHRA.

*To the Editor of* THE LANCET.

SIR,—There are one or two points raised by Mr. Harry Fenwick in THE LANCET of June 5th to which I must venture to take some exception. He implies in his first paragraph that the currents I was using were strong currents, and in his second speaks of their burning the cicatrix. With regard to the first point, I can only say that the currents I used were very weak, and they caused no pain. I could very easily bear them on my own skin; and with regard to the second, I can positively assert that they do not burn. I have always been careful to point out that the object to be attained was softening of the tissues and gradual chemical change, not cauterisation. That a caustic alkali is liberated in the urethra is quite true; but it is only in small amount, and I do not believe this represents by any means all that takes place. Of the value of electricity in certain cases of stricture I have no doubt, but what we now require to know is what is the nature of the changes that take place in certain tissues under varying current strengths, a point which I am at present engaged in investigating. This question could never be answered till we had some ready means of measuring current strengths; this means we now possess in the voltmeter. With regard to "reflex shock," excepting in the first case in which I used electricity, when of course my experience was *nil*, I have never had a rise of temperature or any constitutional disturbance, and I am confident that in the electric current we have a safe and certain therapeutic agent.

I remain, Sir, yours faithfully,

Harley-street, June, 1886. W. BRUCE CLARKE.

## UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.

*To the Editor of* THE LANCET.

SIR,—The Council of the University of Durham College of Medicine desire me to draw your attention to the following statement in answer to certain observations made by Sir John Lubbock and Professor Sir Henry Roscoe during the discussion on the Medical Acts Amendment Bill in the Committee of the House of Commons on Monday, the 31st ult. Sir John Lubbock is reported to have stated that "he should say there were not more than twenty or thirty medical undergraduates at the Durham University." As a matter of fact the medical undergraduates in attendance at the University during the last year (1885) numbered 234 (see the University Calendar, 1886), of whom many were already qualified to practise; and the number of individual entries for the examinations for the degrees in medicine (excluding those for the special arts examinations for the degrees in medicine) during the period from May 1st, 1885, to April 30th, 1886, was 245. Of this number, 186 passed the various examinations for the degrees, of whom 63 graduated, 42 passed the first examination (old regs.), 54 the first examination (new regs.), and 27 the second examination (new regs.).

I am, Sir, yours faithfully,

LUKE ARMSTRONG, M.D.,

June 14th, 1886. Regist. Univ. of Durh. Col. of Med.

## THE POISONOUS EFFECTS OF COCAINE.

*To the Editor of* THE LANCET.

SIR,—Under the above heading there appears a letter in THE LANCET of June 12th, in which a case is related with symptoms of poisoning after the free application of from twenty to thirty drops of a 4 per cent. solution of hydrochlorate of cocaine to the teeth and gums. It may be interesting to your readers to mention a case of ulceration at the back of the tongue of so painful a nature that it has necessitated the frequent application of a 20 per cent. solution of cocaine, so that for the past month about two drachms of the 20 per cent. solution, that is twenty-four grains, have been applied to the back of the mouth and throat in every twenty-four hours without any untoward constitutional symptoms. The pain of swallowing has been so great that the cocaine has had to be freely used to deaden sensibility previously to taking nourishment. The only untoward effect I have noticed is some interference for a short time with the act of deglutition when the cocaine is brought too freely in contact with the palate. The sensitiveness of the palate is interfered with, and reflex action, a necessity of deglutition, destroyed for a brief period. Power is soon regained, but insensitiveness to pain continues for some time afterwards. Cocaine solutions are known to have an exceptional disposition to favour the development of germ life, and should always be freshly prepared for use, or some unexpected action may be produced.—I am Sir, yours obediently,

Wokingham, June 16th, 1886. J. G. BARFORD.

## BIRMINGHAM.

*(From our own Correspondent.)*

### THE BOARD OF GUARDIANS AND THEIR MEDICAL OFFICER.

THE relations between the guardians and their medical officer have been strained for some months past, as already noted in THE LANCET. An inquiry was held by the Local Government Board, and at a meeting of the guardians held on March 31st a letter was read from the central authority calling upon the medical officer to resign his appointment. Since this time an endeavour has been made to prevent the resignation taking effect, and to create a reaction in favour of the official. On the principle that the punishment was greater than demanded by the alleged error, a memorial was signed by a number of influential members of the Board of Guardians, asking for the question to be reconsidered on the ground of the long period of sixteen years' service on the part of the medical officer, with singularly few complaints and a faithful discharge of duty. A special meeting of the guardians was held on the 16th inst., and the majority affirmed the resolution of the Local Government Board. Thus, after much criticism and discussion, a valuable officer is forced to take his departure under circumstances which considerably mar his chances in the future, and at a time of life when it is difficult to make a fresh start in practice, after a long period of routine work to which he devoted his best years and abilities in the performance of an ungrateful task.

### HEALTH OF THE BOROUGH.

The able report of the medical officer of health for the year 1885 gives a very favourable account of the sanitary condition of this large town, and points out that the absolute number of deaths is less, with two exceptions, than in any year since 1870. This is rendered much more gratifying by the facts elicited, that there is a diminished mortality in infants under one year of age, and in children under five years of age; and also a lessened mortality from zymotic or preventable disease. A higher death age, too, than has been observed in previous years is worthy of comment. Comparison shows that whilst the density of Birmingham is exceeded by only four of the large towns, and is considerably greater than the other seven taken for the estimate, its death-rate is least of all. At the present rate of improvement, the inhabitants may take comfort in the knowledge that smoke and dirt were not the essential elements of the mortality of manufacturing towns.

### REMARKABLE CASE OF POISONING.

The coroner for Central Warwickshire held an inquest touching the death of a child aged five years on June 15th.

It appears that one day the child ate largely of green sorrel without apparent harm. The following morning, awakening early with a strong feeling of thirst, he drank freely from a jug containing soap-and-water, with the immediate accession of alarming symptoms, unconsciousness, and death on the next day. The post-mortem examination revealed the fact that the alkali of the soap-and-water had set free the oxalic acid contained in the green sorrel, and that death had resulted from this cause. If this theory be correct, it indicates a singular and exceptional form of poisoning; it would have been interesting also to have had some definite opinion as to the injurious qualities contained in the soap-and-water mixture, and a separate analysis of this might have thrown additional light on this somewhat obscure and startling case.

Birmingham, June 16th.

## LIVERPOOL.

*(From our own Correspondent.)*

### MORTALITY OF INFANTS IN THE LIVERPOOL WORKHOUSE.

AT the last meeting of the Workhouse Committee of the Select Vestry, a return was handed in by the master of the infant mortality for two years. This showed that in the year ending February, 1884, there were 257 deaths of infants; of these, 167 were under two years of age, 48 between two and seven years, 8 between seven and ten, and 14 between ten and fourteen. In the year ending March last, there were 230 deaths of juveniles, of whom 194 were under three years of age, 23 between three and seven, 6 between seven and ten, and 7 between ten and fourteen. It was resolved that Fulwood Lodge, a large country house, most healthily situated, should be taken, and appropriated for the infants in the workhouse, with a view of seeing whether the infant mortality might be reduced. It was estimated that the cost of the house would be about £250 a year. This decision of the committee must be considered extremely satisfactory, indicating the most humane interest in the welfare of the class committed to their charge, it being too much the fashion now to underrate such questions as the mortality of pauper infants.

### HOSPITAL SATURDAY.

The returns up to the 11th show a total of £2704, which it is hoped will be increased to a large sum when all the returns have come in. At many of the places where large numbers of men are employed it has been the practice lately for the men to contribute to the fund periodically throughout the year.

### THE HEALTH OF THE CITY.

The rate of mortality was stated at the last meeting of the Health Committee to be 19·8 per 1000. The following cases of infectious disease were reported—fever, 11, of which 10 were removed to hospital; small-pox, 3, all of which were removed; scarlatina, 18, of which 6 were removed; measles, 22, of which 1 was removed. In the City Small-pox Hospital 5 patients were admitted during the week, 4 were discharged, and there are now 20 in-patients.

### DEATH OF MR. BENJAMIN BLOWER, M.R.C.S.

Another veteran practitioner of Liverpool has passed away in the person of Mr. Blower, who died on the 12th inst., at the advanced age of seventy-three. He was the first house-surgeon of the Northern Hospital, holding that office from its opening in 1835 until 1838, several years before the erection of the present building. Subsequently he became surgeon to the Ladies' Charity and Lying-in Hospital, to which he was consulting surgeon at the time of his death. He was the inventor of the "slipper bedpan" in 1836, and of the portable leg-cradle in 1870; he was also the author of an interesting account of the "Mersey, Ancient and Modern." Advantage has been taken of the occasion of his decease and burial to inaugurate a most sensible reform, the obituary announcement having, in addition to the usual intimation to friends, the very significant addition, "No wreaths."

### THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH.

In addition to the work done by the medical officer of health in the improvement of insanitary property alluded to in THE LANCET of last week, his annual report gives many other very interesting details. There were 938 persons removed to hospitals, the greater number being taken to the parish infirmary at Brownlow-hill, the Fever Hospital in Netherfield-road, and the City Hospital for Infectious Diseases at Park-hill. There were 61 bodies removed to mortuaries, 11 of these being taken to the Toxteth cemetery, and 50 to the parish mortuary of St. Martin. Under the Adulteration Act there were 175 prosecutions, the result being that 8 cases were dismissed with a caution or withdrawn, and in 167 cases penalties were inflicted varying from 5*s.* and costs to £5 and costs, amounting in all to £301 14*s.* 1*d.* Four informations were laid for refusing to sell samples of milk, 2 were fined 10*s.* and costs and 2 acquitted. The unwholesome meat seized and destroyed amounted to nearly 70 tons, and of fish to 71½ tons. The number of articles disinfected at the apparatus during the year was 39,149, while 1099 articles were destroyed.

### THE LOCK HOSPITAL.

Referring to a paragraph which recently appeared in THE LANCET respecting this hospital, it is gratifying to be able to report that Mr. F. W. Lowndes received from various friends a sum not only sufficient to frame and glaze all the engravings so kindly given by the proprietors of the *Graphic*, but also to leave a balance in hand. On the suggestion of Dr. Bernard, this was devoted to the purchase of a bagatelle-board, he having remarked how very popular that game was at the Sailors' Home. This kindly and generous feeling towards patients for whom so little sympathy is generally displayed is worthy of all praise.

Liverpool, June 15th.

## MANCHESTER.

*(From our own Correspondent.)*

### HEALTH OF MANCHESTER.

THE biennial report of the medical officer of health for the city has just been presented to the Council, and contains much matter for reflection by all sanitarians. Our infantile mortality is still highly unsatisfactory, and the deaths of children during 1885 under five years of age was 40 per cent. of the total, whilst in some of the subdistricts it was considerably over 50 per cent. Our death-rate for the past year, according to the officer of health's calculations, was 24·7 per 1000, but on the Registrar-General's figures it was 25·3; so that our death-rate still has an unenviable pre-eminence among the large towns. The deaths from the chief zymotics during the past year—viz., small-pox, measles, whooping-cough, fever, and scarlet fever—was equal to a rate of 2·2 per 1000.

### COUNTRY TRIPS FOR TOWN-BRED CHILDREN.

As a practical step in endeavouring to give our town-bred children a little more life and vitality, none deserves more encouragement than the work undertaken by voluntary workers to send as many as possible for a three weeks' holiday into the country. This year another branch of this same work is hoped to be put in operation, and to reach the very lowest of our waifs and strays; these it is proposed not to send into the homes of country people, but to take in batches to the seaside, and there keep them a week or two under canvas in tents.

### THE VICTORIA UNIVERSITY.

The deputation that recently waited on Earl Spencer, the Lord President of the Council, to support a memorial asking for an annual grant of money from the national exchequer, in aid of the funds of the Victoria University, was of a most influential and representative character, consisting of members of Parliament of this and the adjoining county of every shade of politics, the heads of Owens College, University College, Liverpool, and the Yorkshire College, Leeds, the Bishop of Chester, Earl Derby, the Duke of Devonshire, and other noblemen. Earl Spencer, as was to be expected, gave a very guarded reply. Alluding to the fact of the Government having granted funds to other universities, he admitted that the plea of poverty had always had great weight, but he did not think that Manchester and its district could plead that it was very poor. He promised that when the case came before the Government he would give it all the support he could.

AID TO HOSPITALS.

The Hospital Sunday and Saturday Fund has recently been allotted to the various hospitals, and, as is usual, one hears a little murmuring that the wealthy charities should receive in the same proportion as the poorer and struggling ones.

NOTIFICATION OF INFECTIOUS DISEASES.

The last meeting of the North-Western Association of Medical Officers of Health was spent in a visit to the Fever Hospital, disinfecting station, sewage works, &c., of the adjoining borough of Salford. In the course of an address delivered by Dr. Tatham, the officer of health, he spoke in unqualified terms of the system of notification of infectious disease, and suggested that the time had come when it ought to be made compulsory throughout the country. As an additional argument in support of this proposition might be cited the fact that many of our surrounding districts have endeavoured to put in action the same system without compulsory powers, the local board of Moss Side being the last to offer a fee of 2*s.* 6*d.* for each certificate received from medical practitioners.

THE BRITISH ASSOCIATION MEETING.

Preliminary steps have been taken in connexion with the meeting of the British Association that is to be held here in 1887, over which Sir Henry Roscoe is to preside. Unfortunately, a note of discord has been heard in complaints from certain members of the Association that these preliminary proceedings have been kept too exclusively in the hands of those connected with Owens College, and that those outside its pale have been quietly ignored. It is to be hoped that this will all be set right, and that nothing will be done which shall in any way interfere with the harmony and successful issue of the Manchester meeting.

OUR NEW BISHOP.

The Bishop has produced a very favourable impression in his new diocese, and, like his predecessor, has shown his interest in practical schemes for the amelioration of the condition of the masses of our people. One of the first offices he accepted was the presidency of the Manchester and Salford Sanitary Association, formerly held by Dr. Fraser.

Manchester, June 7th.

## NORTHERN COUNTIES NOTES.

*(From our own Correspondent.)*

UNIVERSITY OF DURHAM.

THE entries for examinations for degrees in the Faculty of Medicine, which commence in Newcastle on the 21st inst., are unusually large, and will give some work to the examiners. The number of candidates for the degree of Doctor of Medicine for practitioners of fifteen years' standing is 12; for the degree of Doctor in Medicine (Essay), 8; for the degree of Master in Surgery, 7; for the final examination for the degree of Bachelor in Medicine, 50. The Arts examination will be held by the Rev. H. J. Richmond, M.A., and the Rev. J. T. Fowler, M.A. The extra examiners are Professor Buchanan and Dr. Ralfe.

OPENING OF PUBLIC BATHS.

The Mayor of Newcastle opened the new baths in Scotswood-road, in the neighbourhood of Sir William Armstrong's works, last week. This completes the set of very fine buildings erected for the public by our corporation, and about which I gave you some information a few weeks ago; but the Elswick Baths, as they are called, have been delayed owing to difficulties in finding proper foundations for the structure. They have cost about £10,000. The mayor stated that though the other baths have been opened but a few weeks, they had been used by nearly 22,000 persons.

PHOSPHORUS POISONING.

At Ovingham, a village a few miles from Newcastle, an inquest has been held on the body of a woman, aged thirty, who died from the effects of poisoning by phosphorus. It appears she had been in a depressed state of mind for some time, and fancied herself *enceinte*. Dr. Bulleid, of Ovingham, who attended the deceased, deposed to her having suffered from the usual symptoms of phosphorus poisoning. She had confessed to her mother to having taken the phosphorus of three boxes of lucifer-matches. The post-mortem proved that the deceased was labouring under a delusion n thinking herself *enceinte*.

A NORTHERN GIANT.

A man named Allender died last week at the South Shields Workhouse, who was known as the "Irish Giant." The deceased was a native of Londonderry, Ireland. He was 7 ft. 6 in. in height, and weighed 27 st.

MEASLES AT WALKER.

A serious epidemic of measles is reported at Walker-on-Tyne. No less than 159 children attending the Walker schools are laid up. It is the third year that a similar outbreak has taken place. On Friday last 182 children were absent from school, mainly on account of the disease.

Newcastle-on-Tyne, June 14th.

## EDINBURGH.

*(From our own Correspondent.)*

DR. OLIVER WENDELL HOLMES.

DR. HOLMES, the genial author of "The Autocrat" and other volumes of the "Breakfast-table" series, is about to visit Edinburgh, where his reception will, to all appearance, be not one whit less cordial than it has been in the English academic centres he has visited. Not only is he to be *fêted* and lionised by the social world in Edinburgh, but he has signified his acceptance of the honorary degree of LL.D. which has been proffered him by the Senatus Academicus of the University of Edinburgh, and which it is intended formally to confer upon him on the 25th inst. The Students' Representative Council have under consideration how they may most suitably accord a hearty welcome to the distinguished Professor, and it has been suggested that a symposium should be held in his honour, supported by the whole body of the students. If this plan should prove acceptable to Dr. Holmes, it will be immediately promoted with a zeal which, as former occasions have amply proved, will ensure the complete success of the project. It is anticipated that Dr. Holmes's arrangements will permit of his paying an extended visit to the Scottish capital, in connexion with which a widely-felt interest has been manifested, and an equally extended desire to catch a glimpse of him while he is here.

EDINBURGH UNIVERSITY BUILDING FUND.

There has been considerable interest during the last few days attaching to a rumour that has been widely circulated, and that has found its way into print in several of the public journals, to the effect that a large sum of money, sufficient to cover the total expense involved, had been placed at the disposal of the Building Committee for the completion of the new University medical buildings on the plans originally drawn up. This rumour has as yet received no official confirmation; but it has the greater semblance to fact on account of the name of the generous donor being that of an Edinburgh citizen to whom the University is already largely indebted for sums of money applied to similar purposes. The sum now required for the purpose in question exceeds £50,000. The present uncertainty as to this rumoured donation will probably be cleared up within the next few days.

SIR DOUGLAS MACLAGAN, M.D.

An influential committee of Edinburgh gentlemen, representing a very wide circle of interests, professional and otherwise, have undertaken arrangements by which Sir Douglas Maclagan's numerous friends and admirers may have the opportunity of conveying to him, in a tangible form, a suitable expression of the high esteem in which he is held. It is proposed that the veteran professor, scientist, and jurist shall be presented with a marble bust of himself, accompanied with an address embodying the sentiment which has called forth this manifestation of respect, and conveying the cordial congratulations of those whose names it bears upon the recent recognition on the part of Her Majesty of his eminence in the varied fields in which he is a worker, an eminence fittingly recognised by the bestowal of

knighthood upon him. A printed notice, emanating from the executive committee appointed for the purpose, is in process of circulation amongst medical and other professional men trained in the Edinburgh school. In this notice exact particulars of the proposed procedure will be found. The name of Dr. George A. Gibson, Sec., R.C.P.Ed., is mentioned in the notice as treasurer for the presentation fund.

A ROYAL MEDICAL STUDENT.

The University of Edinburgh numbers amongst the names of its matriculated students that of one of the native Indian princes who rule over the independent territories in Hindustan. His Highness the Thakoor Sahib of Gondal, one of these independent rulers, is at present engaged in the study of medicine and natural science, being impressed with the importance of such studies in relation to the wise government and development of the resources of his country. He will probably not complete the course of studies requisite for obtaining a degree in medicine, but several of the more important of these will claim his attention during the two years which he thinks of spending in Edinburgh.

Edinburgh, June 15th.

## BELFAST.

*(From our own Correspondent.)*

THE ULSTER MEDICAL SOCIETY.

A VERY interesting meeting in connexion with the Ulster Medical Society took place on June 2nd, on the occasion of the presentation to the Society of the portraits of its former presidents. The invitations sent out by the President and Council were restricted to the medical gentlemen of Belfast and neighbourhood, and between fifty and sixty members of the profession were present in the large room of the Museum, College-square North. The portraits, which are carbonated enlargements of photographs, are admirable likenesses, and bear the autographs of the various presidents. The President of the Society (Mr. John Fagan, F.R.C.S.), who occupied the chair, after bidding all those present a hearty welcome, said they had come together to take part in the pleasing ceremony of the presentation to the Society of the portraits of its former presidents. He said it was not his intention to do more than very briefly introduce the main feature of the evening—viz., the uncovering of the portraits, accompanied by a short notice of the salient points of interest in the lives of each president by the worthy treasurer of the Society, Dr. Esler, to whom the entire credit of initiating this project was due, and who by his unflagging zeal and energy had brought it to its present successful completion. Dr. Esler (whose admirable "Guide to Belfast" was so much valued at the time of the meeting of the British Medical Association) said that in a previous paper he had given some account of the progress of medical matters in Belfast during a period of two centuries; that paper concluded with a hope that on a future occasion he should be enabled to ask this Society to accept the custody of the portraits of its former presidents. It was for this object, he said, they were now met. Dr. Esler then gave an interesting account of the various presidents, their portraits being uncovered as he proceeded. These pictures having been handed over to the custody of the President, who expressed pleasure in receiving them on behalf of the Society, a hearty vote of thanks was passed to Dr. Esler, and those present adjourned to an adjoining room for supper.

THE LUNATIC ASYLUM.

Through the death of Dr. Mac Cormac, who was Visiting Physician to the Asylum, a valuable appointment has became vacant, and a vigorous canvass is being made by a number of medical men who are candidates for the post. The governors make the appointment.

THE CORONERSHIP OF SOUTH ANTRIM.

Dr. Adams (Ashville) has been elected coroner for South Antrim. There were originally five candidates, all members of the medical profession, but eventually only two went to the poll, the others having retired. These were Dr. Adams and Dr. Spearing, the former being elected by a large majority.

Belfast, June 14th.

## PARIS.

*(From our own Correspondent.)*

DR. JAVAL ON GLAUCOMA.

DR. JAVAL, the well-known ophthalmologist and director of the Ophthalmological Laboratory of the Sorbonne, recently delivered a very interesting lecture on Glaucoma, which he considers to be one of the most difficult subjects in ophthalmology. The lecturer chose this subject to demonstrate the fallacies that prevail even among specialists concerning the etiology and pathology of this affection. He remarked that the premonitory signs and symptoms are of little or no value as a means of diagnosis, as the same may be found in other affections of the eye. Even the ophthalmoscope does not render much assistance, as the excavation of the optic nerve is only produced at a later stage, and the pulsation of the central artery of the retina may be missing in glaucoma, and it has been seen in healthy eyes. And yet it is of importance that glaucoma should be early recognised and properly treated, as any error in diagnosis or treatment will inevitably lead to the most disastrous results. It is now known that expectant treatment is not permitted in glaucoma, and it is also known that the instillation of a single drop of atropine might produce irremediable mischief in an eye affected with glaucomatous prodroma. Even cocaine, notwithstanding the diminution of the compression which habitually follows its employment, might produce, in glaucomatous eyes, effects as baneful as those produced by atropine. When an eye feels hard to the touch and is accompanied with perikeratic injection, an immobile pupil and a rough and painful cornea, the diagnosis is easy enough; but it must be remembered that, in general, glaucoma sets in by alterations so fugitive that no ophthalmoscopic sign reveals its existence. If, however, a patient complains of weakness of vision, and the surgeon observes the least inequality of the pupils, or the least paresis of the sphincter of the iris, Dr. Javal cautions against the instillation of atropine or cocaine, adding that an eye affected with glaucomatous prodroma is not always hard and may not present any abnormal appearance. The halo, however, observed by the patient is a sign by which a glaucoma may be known at its onset; but, as other affections may produce these halos, Dr. Javal recommends the instillation of eserine, and if the halos disappear under its influence the diagnosis is no more doubtful. As regards the treatment of glaucoma, Dr. Javal states that the same eserine will serve to combat the accidents of the commencement of the malady, and recommends it to be used in the form of gelatine tablets, instead of collyria, as being more convenient than the latter. If, after the application for a few days of the eserine the symptoms are not completely arrested, surgical interference becomes absolutely necessary. But should an oculist not be within reach, and as every moment of delay is of importance, any medical man might afford temporary relief by making a slight incision of a few millimetres into the globe of the eye near its equator, between the internal recti and inferior recti muscles, as recommended by M. Parinaud. This little operation will permit the patient to proceed to an oculist, who ought to perform iridectomy without delay, and set aside sclerotomy, which is a useless and dangerous operation in such cases.

Dr Pozzi, agrégé of the Paris Faculty of Medicine and hospital surgeon, is charged with a mission to Germany and Austria to examine the programme and arrangements for the study of gynæcology in those countries.

Paris, June 15th.

POLLUTION OF THE RIVER LEA.—At the last meeting of the Select Committee appointed by the House of Commons to inquire into the pollution of the Lea, after Mr. Armstrong Smith, C.E., had given evidence, Dr. Meymott Tidy explained the results of various examinations of the River Lea which he had made since 1882. He was perfectly certain that the Hertford sewage did not pollute the river. He had made between 5000 and 6000 analyses of the water supplied by the East London Company, and he could say without hesitation that that water was improving year by year.

## METROPOLITAN HOSPITAL SUNDAY FUND.

A LARGE and influential meeting was held on Thursday afternoon at the Mansion House, under the presidency of the Right Hon. the Lord Mayor, to inaugurate the series of meetings to be held next week in various parts of the metropolis in support of the Hospital Sunday Fund. His Lordship was supported by the Duke of Norfolk, Cardinal Manning, Capt. Palliser, the Rev. Dr. Rigg, Mr. Brudenell Carter, Mr. Henry C. Burdett, and other friends of the movement. The Lord Mayor having briefly opened the proceedings, Cardinal Manning moved a resolution calling for a greater feeling of sympathy and co-operation in support of the hospitals and medical charities of the metropolis. The resolution was seconded by Mr. Burdett, and agreed to. Mr. Brudenell Carter, F.R.C.S., President of the Medical Society of London, having delivered an address on the importance not only to the poor, but also to the wealthy, of the efficient maintenance of hospitals, it was resolved, on the motion of the Rev. Dr. Rigg, seconded by Capt. Palliser, that a cordial vote of thanks be accorded to Dr. Wakley, the Editor of THE LANCET, who had started this movement of the Hospitals Week, and, at the same time, promised a further contribution of £1000, on condition that four other similar contributions were promised before July 1st. A vote of thanks to the Lord Mayor, proposed by the Duke of Norfolk, brought the proceedings to a close. A fuller report of this meeting will appear in our next issue.

# Obituary.

## WILLIAM WHITE COOPER, F.R.C.S., F.R.S.

WILLIAM WHITE COOPER was descended from an old Wiltshire family. He was born at Holt, in Wiltshire, on Nov. 17th, 1816. His grandfather was rector of Hambledon, in Surrey, and vicar of Yelminster. White Cooper came to London about 1834, and entered as a student at St. Bartholomew's Hospital. He also became a private pupil of the late Mr. Stanley, surgeon to that hospital, and used to relate that he paid £1000 for that privilege. He became a Member of the College of Surgeons in December, 1838, and a Fellow by examination in 1845. After leaving St. Bartholomew's Hospital he took a voyage to Madeira, and on his return published a Guide for future visitors seeking a winter home in that island. A year or two was then passed in travel, and then he settled in London. He did not intend originally to practise as an ophthalmic surgeon, but, becoming associated with the late Mr. Dalrymple, he decided to devote himself entirely to ophthalmic practice. While at St. Bartholomew's Hospital he gained the only prize Sir Richard Owen gave for Comparative Anatomy. Sir Richard writes to us that "Cooper, then a student, gained my prize for his diligent attendance and the fulness and accuracy of his notes. These, after revision, I consented to his publishing, and they appeared in successive numbers, making an eighth volume, on the 'Anatomy and Physiology of the Invertebrate Animals,' issued by Longmans in 1843." It was this early introduction to Richard Owen that led subsequently to a friendship which was only terminated by death, for Sir Richard writes of Cooper as his "dear and deeply regretted friend."

White Cooper was selected by the late Sir James Clark (we believe at the recommendation of Sir Benjamin Brodie) for the post of surgeon-oculist to the Queen in 1859. He was one of the original staff and senior surgeon of the North London Eye Institution in Charlotte-street, Portland-place, and was connected with it until appointed ophthalmic surgeon to St. Mary's Hospital. He was a careful, steady, and neat operator, and judicious and painstaking in all that related to treatment. He had great facility in illustrating with his brush any cases of interest of which he wished to keep a record. Brought up in the school of Tyrrell and Dalrymple, he was content rather to rest on the principles of their teaching and practice than follow the more modern improvements and treatment which have done so much for ophthalmic practice; but he was ever generous and ready to yield to the opinions of his juniors when satisfied of the advantages to be gained by their adoption. White Cooper published his "Practical Remarks on Near Sight, Aged Sight, and Impaired Vision" in 1847, and in 1850 "Observations on Conical Cornea"; also a small work "On Wounds and Injuries of the Eye" in 1859.

The subject of this memoir had long been ailing. In the autumn of 1884 he suffered from blocked veins of the left leg, associated with a general gouty condition. He was advised to leave London for his residence in the country, and there, within a few days of his arrival, the chronic inflammatory state of the veins assumed a more serious character. The veins of the thigh became acutely implicated, and considerable œdema of the whole limb was the immediate result. He now suffered much from constitutional disturbance. Not long after this, and apparently dependent on some exertion in movement, the right limb became suddenly implicated, and for some days his condition appeared somewhat critical. Under the judicious care of his old friend, Mr. Buée, of Slough, he gradually recovered, and was able to return to work in town in the early summer of 1885. Still, it was apparent to those who watched him that he was not in a condition for much work, and so continued during the autumn and winter, content with the slow improvement which enabled him to receive patients at his house. He had made much progress in health and strength when, unfortunately, like many others during this last fatal spring, he became suddenly the subject of an acute attack of pneumonia. Late on the Saturday night, the 29th ult., he was first seen by Dr. Wilson Fox, and on the following day by Sir William Jenner in consultation. But, notwithstanding their constant attention, he succumbed on the following Tuesday. From the commencement of the attack there did not appear to be any rallying power. The announcement of his death came as a shock to many who had seen him in apparent good health but a few days previously, while those who knew what he had undergone in his previous illness were not taken by surprise at the severity of the attack, or at the rapidly fatal result which so soon terminated his sufferings. He had long been failing, and the system so sapped was ready to yield to any urgent call upon its resources.

Of the private character of White Cooper, all that can be said in his favour would be accepted as truth by those who knew him, and who alone would appreciate his worth. Kindness, gentleness, and true sincerity, combined with a certain simplicity of character; much energy, without the least approach to ostentation or display,—these were the leading traits of his character and conduct. A former colleague writes of him: "How true a friend he was, how kind, yet how unostentatious, memory bears witness. I met him a few times in consultation in practice, and saw in him always the courteous English gentleman and the trusted adviser." In his professional work the deceased gentleman was for many years fully occupied; while he was the trusted adviser of Her Majesty the Queen in all matters connected with his department of practice. It was after many years of faithful service—service fully appreciated and publicly acknowledged—that Her Majesty graciously intimated her intention of conferring a knighthood upon him. The very same day that poor White Cooper's name appeared in the public papers as participating with others in the intended honour, he was seized by his fatal illness. Nor did he live to have the knighthood conferred upon him. He died on the 1st of June. On the 2nd there appeared in the *Court Circular* the following touching allusion to his death: "The Queen has received this morning, with great regret, the news of the death of Mr. White Cooper, who attended Her Majesty for upwards of thirty years as oculist, and for whom Her Majesty had a sincere regard." When White Cooper was confined to his bed at his country residence, near Slough, the Queen drove over from Windsor to see him, and condescended to pay him a visit in his room, such was her regard for him, and such the interest Her Majesty evinced in his recovery and welfare. The public are familiar with the many acts of kindness and sympathy shown by the Queen to those whom Her Majesty knows and esteems, when sorrow and sickness visit their homes; but it is almost exceptional that the trusted medical advisers of Royalty have been ever visited by their Sovereign in the sick chamber. It is, therefore, with great pleasure that we record this pleasing act of courtesy and sympathy on the part of Her Majesty to a member of our profession. White

Cooper married, in 1845, the eldest daughter of Samuel Poyser, Esq., of Derby, who survives him. His eldest son is at present resident house-physician at St. George's Hospital. White Cooper was connected by marriage with the families of Sir Benjamin Brodie and the late Sir George Staunton.

## H. ROYES BELL, F.R.C.S.

A GREAT shock was sustained by the medical staff and pupils of King's College Hospital when it was announced that this estimable gentleman and excellent surgeon had been suddenly called away in the prime of life and in the midst of usefulness. Born in Australia, he was brought over to Jersey, where his general education was commenced, and was subsequently completed at King's College. He entered the medical department in 1859, and was attached as a private pupil to Mr. Henry Smith, at that period surgeon to the Westminster General Dispensary, and diligently attended the practice of that institution until Mr. Smith was appointed assistant-surgeon to King's College Hospital. Mr. Royes Bell was conspicuous for his devotion to his studies, and, directing his attention more especially to surgery, was elected house-surgeon to the hospital. Having completed his tenure of this office, he paid a lengthened visit to the hospitals of Paris and Vienna. Returning to London, he was appointed surgical registrar to his old hospital. Having passed the fellowship of the College of Surgeons, he was appointed assistant-surgeon to the hospital in 1870, and having served the usual period in that capacity, was made full surgeon, and subsequently demonstrator of practical surgery. Sir William Fergusson was especially attracted by Mr. Bell's devotion to his work, and for some years before his death employed him largely in his private practice, and Mr. Bell repaid the confidence thus shown by always entertaining and expressing the utmost reverence for his old teacher, admiring him not only for his brilliant qualities as an operator, but for that consummate skill in the detection of surgical disease which, to those who knew Sir W. Fergusson well, was, after all, the main element in his character.

During the many years that Mr. Bell was attached to King's College Hospital he signalised himself by a thorough devotion to his work and to the training of those placed under his charge, with the result of gaining the esteem and affection of all who came in contact with him, and it may be with truth averred that no one connected with the place was more popular in the true sense of the word. The secret of his great influence and of the love he inspired lay in the fact of his utter unselfishness and his thorough consideration for others, combined with a sweetness of disposition which was evinced in his daily intercourse with all around him, and which gave such a bright colouring to his life. Retiring and modest in manner, and constitutionally not strong, he never pushed himself forward or made himself prominent in anything but doing good and performing his duty. He was an admirable teacher in the out-patient room, in the wards of the hospital, and in the demonstration room, and it was a great delight to him to feel that his pupils appreciated his efforts to further their interests. His loss will be severely felt both by them and his colleagues.

As a surgeon, Mr. Bell was thoroughly well informed. He was always a student, neglecting no opportunity of improving himself in the art to which he had devoted his life. Although not endowed with some of the more striking qualities which belong to some surgeons, and somewhat hesitating in manner, he was remarkably painstaking, and the results of his operations, especially in cases of hare-lip, cleft palate, and plastic surgery, were excellent. His main contribution to surgery consisted of the Lettsomian Lectures on Diseases of the Testis, and he was chosen as one of the contributors on the same subject to Ashhurst's Encyclopædia.

## JAMES C. L. CARSON, M.D.

THE death of this well-known and much-respected practitioner took place on Wednesday, June 2nd, at his son's residence, Coleraine, where for some time he had been in failing health. Dr. Carson, who at the time of his death was in his seventy-first year, was the son of the Rev. Dr. Alex. Carson, Tobermon, county Derry. He entered Trinity College, Dublin in 1833, and subsequently attended a course of lectures at the Glasgow University, where he graduated M.D. in 1837. When very young he commenced practice in Ballymena; but his brother, Dr. George Carson, who was then practising in Coleraine, having died, he removed to that place to succeed him, and in 1851 he again went to Dublin, where his health gave way. Next year he returned to Coleraine, where he continued as the leading practitioner in that district until a few years ago, when he was obliged to retire owing to failing health. Dr. Carson was a man who wrote on a variety of subjects; he published a treatise on "The Form of the Horse"; a work on "Capital Punishment," in which he advocated the abolition of the punishment of death; and an interesting *brochure* on the "Fundamental Principles of Phrenology." He also contributed papers on controversial religious subjects. In 1875 he was made a Justice of the Peace. Dr. Carson, who in his life had many medical appointments in Coleraine, was a man held in the highest respect by the general public, who had full confidence in his skill, tact, and attention.

## WILLIAM SOUTHALL, F.L.S.

A DISTINGUISHED botanist and pharmaceutist of the type of the late Daniel Hanbury, F.R.S., and like him a member of the Society of Friends, has just passed away, aged sixty-one, at Edgbaston, near Birmingham. William Southall was for twenty-one years one of the examiners of the Pharmaceutical Society, and was chosen President of the British Pharmaceutical Conference in 1879. He was also a Fellow of the Linnæan Society, and one of the founders of the Birmingham Natural History and Microscopical Society. One who knew both well bears strong testimony to the close resemblance in manner and person of the late Mr. William Southall to the lamented Mr. Joseph T. Clover. Both were most kindly men, full of love and knowledge of their respective professions, and deeply yet unobtrusively religious. Strangely enough, both succumbed to the same pulmonary complaint, after having suffered from it for many years.

## MEDICAL NOTES IN PARLIAMENT.

*Burgh Police and Health (Scotland) Bill.*

IN the House of Commons, on the 11th inst., the order relating to this Bill was read and discharged and the Bill withdrawn.

*The Lunacy Acts Amendment Bill.*

The order of the day for the second reading of this Bill was read and discharged.

*The Medical Acts Amendment Bill.*

This Bill was read a third time.

*The Sanitary State of the House.*

In reply to a question by Mr. R. Cooke, Mr. Leveson-Gower stated that orders have been given for the carrying out of those recommendations of the Committee on the Ventilation of the House, which it was possible to undertake immediately. These works cannot of course be completed, as had been intended, during the Whitsuntide recess, but they can be carried on when the House is not actually sitting, and will be finished without delay. The First Commissioner has requested Mr. Shone, the inventor of the system recommended by the Committee, to furnish him with a report on the question of costs, and as to how the system, if adopted, could be most speedily and effectually brought into operation.

*Contagious Diseases (Animals) Bill.*

On the 16th inst. this Bill was read a second time.

METROPOLITAN PROVIDENT MEDICAL ASSOCIATION.—On the 9th instant, a meeting of this Association took place at the residence of Mr. Hollond, 1, Upper Berkeley-street, Portman-square. Of the eleven dispensaries, five are now entirely self-supporting. The sum of £300 is required to meet the requirements of those not yet self-supporting. The subscription is 6*d.* a month for single persons, 10*d.* a month for married people, and 6*d.* for a family of children. The Dean of Westminster and Sir Spencer Wells spoke in support of the institution.

# Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members, having passed the Final Examination for the Fellowship on the 26th, 27th, 28th, and 29th ult., were, at a meeting of the Council on the 10th inst., admitted Fellows of the College:—

Trott, Dudley Cox, L.R.C.P.L., Longton-grove, Sydenham; Membership dated Nov. 17th, 1880.
Sinclair, T., M.D.Q.U.I., Howard-street, Belfast; April 18th, 1882.
Buckell, William R., L.R.C.P.L., Romsey; May 16th, 1882.
Horrocks, William Henry, L.S.A., Shoreham, near Liverpool; Nov. 14th, 1882.
Thorburn, Wm., M.D. Lond., Rusholme, Manchester; July 24th, 1883.
Blaxland, Walter, L.R.C.P.L., Torrington-square; Nov. 13th, 1883.
Bowes, William Henry, M.D. Lond., Marine-terrace, Herne Bay; April 24th, 1884.
Heath, Charles Joseph, L.S.A., Guilford-street; July 31st, 1884.
Pearson, Charles Yelverton, M.D.Q.U.I., King-street, Cork.

Four other candidates passed the examination, but not having attained the legal age (twenty-five) will receive their diplomas at a future meeting of the Council when qualified. Fourteen candidates failed to reach the required standard, and were referred to their professional studies for one year.

UNIVETSITY OF CAMBRIDGE.—At a congregation held on the 10th inst. in the Senate House, Dr. Swainson, Vice-Chancellor, presiding, the following degrees were conferred:—

M.D.—W. R. Parker, Calus; W. L. Penney, Calus; F. W. Hewitt, Christ's.
M.B.—E. C. Perry, King's; C. W. Daniels, Trinity; C. Yeoman, Pembroke; W. H. Smart, Calus; A. C. Ingle, non-coll.
B.C.—C. Yeoman, Pembroke; A. C. Ingle, non-coll.

SOCIETY OF APOTHECARIES.—The following gentlemen passed their examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on the 10th inst.:—

Elliot, William Henry Wilson, Bremar-road, Denmark-hill.
Hallilay, Richard Percy, Burley-road, Leeds.
Hardwick, Arthur, Victoria Villas, Dorchester.
Rawnsley, Gerald Thomas, Royal Dockyard, Woolwich.

THE Hospital Sunday collection at Ripon was held on the 13th inst.

DR. ALEXANDER HARKIN, J.P., has been appointed to the Commission of the Peace for the county of Antrim.

THE Court of Common Council has voted £105 to the Hospital Sunday Fund.

BRITISH MEDICAL BENEVOLENT FUND JUBILEE CELEBRATION.—Her Majesty the Queen has, through Sir James Paget, sent a donation of £100 to this fund.

VACCINATION GRANT.—Mr. Henry Wickham, of Rufford, Ormskirk, has received the Government grant for efficient vaccination (second time).

AT a public meeting held on the 11th inst. at the Holborn Town Hall, it was decided to establish a Convalescent Home for the poorer classes at the Vale of Health, Hampstead.

PLEURO-PNEUMONIA appears to be prevalent amongst cattle in different parts of the country—to wit, Surrey and Dorsetshire. Slaughtering and inoculation are being resorted to, the latter seemingly with some success.

A SPECIAL meeting of the governors of the Bristol General Hospital was held on the 9th inst., for the purpose of considering a revision of the rules of the institution, which is to be brought forward at a forthcoming general meeting of the subscribers.

EPIDEMIC IN AN EGYPTIAN PRISON.—In a convict prison at Tantah, containing 1100 inmates, 200 prisoners have died within the last six weeks from an obscure epidemic. Dr. Green, principal medical officer of the Sanitary Department, has accordingly demanded an inquiry into the management of the prisons, and a commission, consisting of a colonel and three army surgeons, has been nominated for the investigation.

SANITARY INSTITUTE OF GREAT BRITAIN.—At an examination, held on June 3rd and 4th, 60 candidates presented themselves, 10 as local surveyors, of whom 5 obtained certificates of competency, and 50 as inspectors of nuisances, of whom 44 were successful.

AT an inquest held on the 11th inst. on the body of Mr. R. Drury Batt, late assistant medical officer at a private asylum at Barnwood near Gloucester, whose death had been caused by prussic acid, the jury returned a verdict of suicide while in an unsound state of mind.

SCARLET FEVER HOME.—The first annual meeting of the Mary Wardell Convalescent Home for Scarlet Fever, Stanmore, will be held to-day (Friday, June 18th), at 5 P.M., at 32, Sackville-street, Piccadilly. Sir Risdon Bennett, M.D., F.R.S., will preside.

SOCIETY OF MEDICAL MEN QUALIFIED IN SANITARY SCIENCE.—Professor R. Koch, M.D., of Berlin, has accepted the honorary membership of this Society. This Society, which has been but two months and a half in existence, already embraces 100 members who possess sanitary qualifications.

A UNIQUE COLLECTION.—A curious sale of skeletons is said to be about to take place in Paris. The collection belonged to a French doctor who devoted his existence to studying distorted human nature, and visited the hospitals to buy up the corpses of deformed persons. By this means he formed a unique museum of abnormal skeletons, for which his heirs now ask £1200.

DEATHS OF FOREIGN MEDICAL MEN.—The death is announced in Dresden of Eugen Burckhardt, editor of the *Correspondenzblatt der ärztlichen Kreis- und Bezirksvereine im Konigreich Sachsen*.——Dr. Ingels, the well-known alienist, died at Ghent on the 22nd ult.——The death is announced of Dr. Don Joaquin Chillida y Meliá, late editor of the *Revista Médico Farmacéutica*, of Castellon, and author of an important Spanish work on the Hygiene of Schools.——Dr. Robert Falkson, privat docent in Surgery in Königsberg, has died at the age of thirty-one.

GIFTS AND BEQUESTS.—The Committee of the Southport Infirmary and Local Dispensary have recently received a cheque for £500 from Miss Cooper of Southport towards the endowment fund of the children's ward.—By the death of Mrs. Surtees of Harrogate the following legacies, amongst others, become payable:—Harrogate Cottage Hospital, £200; Royal Infirmary, Edinburgh, £200; Sunderland General Infirmary, £250; Sunderland Children's Hospital, £50.—Mrs. Booth, of Beechfield, Swinton, has given a donation of £500 to the Manchester Clinical Hospital for Women and Children.

FOREIGN APPOINTMENTS.—Don Manuel Alonso Sañudo has been nominated to the chair of Medical Pathology in the Faculty of Medicine of Valladolid. Don Enrique Gelabert, editor of *La Higiene para Todos*, has been appointed Sanitary Officer for the Port of Barcelona. Don Eduardo Luis, inspecting surgeon of the second grade, has been appointed President, and Surgeon-Major Don Ramo Alba y Lopez Secretary, of the Examining Committee for the selection of candidates for the Medical Service of the Spanish army. In Prague Dr. Huppert has been appointed to lecture on Chemistry this semester, in place of Dr. Linnemann, the recently deceased professor of that subject. Prof. Götte of Rostock has been appointed to the chair of Zoology in Strasburg, in succession to Prof. Oscar Schmidt.

DARENTH IMBECILE ASYLUM AND SCHOOLS.—On the 12th inst., the managers of the Metropolitan Asylums Board paid their annual visit to this institution, which is situated some three miles from Dartford. The estate, exclusive of land recently acquired for the purposes of a hospital for convalescent small-pox patients, comprises 173 acres, and of this about 130 acres are under cultivation. The buildings are erected upon the block principle, and at the adult asylum accommodation is at present provided for 800 harmless insane patients. This accommodation, however, has been found to be too small to meet the growing requirements, and it will shortly be increased by 550 beds. The schools for imbecile children contain certified accommodation for 500 children. The result of the inspection is reported to be satisfactory.

# Medical Appointments.

*Intimations for this column must be sent* DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

ALLOTT, J. H. L., M.B., C.M.Ed., has been appointed Resident Assistant Medical Officer to the Crumpsall Workhouse of the Township of Manchester.

BROWNE, OSWALD, M.A., M.B.Cantab., M.R.C.P., has been appointed Casualty Physician to St. Bartholomew's Hospital.

CLAY, AUGUSTUS F., M.R.C.S., L.S.A., has been appointed Assistant Surgeon to the Birmingham and Midland Counties' Orthopædic Hospital.

CLIBBORN, WILLIAM, M.D.Dub., L.R.C.S.I., has been appointed District Medical Officer and Medical Officer to the Workhouse of the Bridport Union.

DAVIES, ARTHUR T., B.A., M.B.Cantab., M.R.C.P., has been appointed Assistant Physician to the Royal Hospital for Diseases of the Chest.

FLETCHER, RORY, M.R.C.S., has been appointed House-Surgeon to Charing-cross Hospital.

GRENFELL, H. O., M.R.C.S., L.R.C.P.Lond., has been appointed House-Surgeon to Charing-cross Hospital.

HABERSHON, S. HERBERT, M.A., M.B.Cantab., M.R.C.P., M.R.C.S., has been appointed Assistant Physician to the Royal Hospital for Diseases of the Chest.

HARDY, ALBERT E., M.R.C.S., L.S.A., has been appointed House-Physician to Charing-cross Hospital.

HODGSON, T. MOORE, M.B., C.M.Ed., has been appointed Assistant House-Surgeon to the Cumberland Infirmary, vice G. H. Henderson, M.R.C.S., resigned.

LEES, W., M.R.C.S., L.S.A. (late Visiting Surgeon to the Chester General Infirmary), has been appointed House-Surgeon to that Institution.

LIDDERDALE, JAMES, M.R.C.S., L.S.A., has been appointed Medical Officer for the Seventh District of the Bedminster Union.

MAC KENZIE, A. L., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer for the First District of the Romford Union.

MORRIS, PRYCE J. L., L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer of Health for the Blything Union, vice A. E. Deck, deceased.

NOYES, A. W. FINCH, M.R.C.S., L.R.C.P.Lond., has been appointed House-Physician to Charing-cross Hospital.

OLIVER, F. H., L.S.A., has been appointed Resident Obstetrical Officer to Charing-cross Hospital.

PRINCE, HERBERT F., L.F.P.S.Glas., L.S.A., has been appointed Medical Officer for the Great Bedwyn District of the Hungerford Union.

STURROCK, W., M.B., C.M.Ed., has been appointed Assistant Medical Officer to the Workhouse of the Parish of St. Pancras.

TURNER, ARTHUR F., L.R.C.S., L.R.C.P.Ed., has been appointed Medical Officer for the Deerhurst District of the Tewkesbury Union.

WETHERED, FRANK J., M.R.C.S., L.S.A., has been appointed Assistant House-Physician to the Royal Hospital for Diseases of the Chest.

WILLIAMS, ROBERT R., L.R.C.P.Lond., M.R.C.S., has been appointed Assistant Medical Officer to the Workhouse and Infirmary of the Parish of St. Leonard, Shoreditch.

# Births, Marriages, and Deaths.

## BIRTHS.

BURGESS.—On the 12th inst., at Nicoll-road, Harlesden, the wife of W. Milner Burgess, M.R.C.S.E., of a daughter.

CHANING-PEARCE.—On the 9th inst., at Montague House, St. Lawrence-on-Sea, Kent, the wife of J. Chaning-Pearce, M.D., of a son and daughter.

SLAUGHTER.—On the 13th inst., at Dover, the wife of W. B. Slaughter, Surgeon-Major, Medical Staff, of a son.

WALLIS.—On the 16th inst., at Woolwich-common, the wife of Charles Wallis, M.R.C.S., of a son.

## MARRIAGES.

BERRY—CURRIE.—On the 9th inst., at St. Alphege, Greenwich, Harry Poole Berry, M.B.Lond., M.R.C.S., of Grantham, to Rosina Jessie, eldest daughter of Alexander Currie, of Leslee, Westcombe-park, Blackheath.

MOSSE—HAMMERTON.—On the 10th inst., at St. Andrew's, Stockwell, Herbert Ryding Mosse, M.D., M.R.C.S., of Hobart House, Clapham-common, to Katharine, youngest daughter of C. Hammerton, Esq., of Stockwell, S.W.

WALLACE—MORDACQUE.—On the 10th inst., at the Parish Church of St. Peter's Port, Guernsey, Alfred Cyprian Wallace, L.R.C.P.Lond., M.R.C.S., to Theodora, youngest daughter of the late Rev. L. H. Mordacque, M.A., J.P., Vicar of Haslington, Lancashire.

## DEATHS.

BELL.—On the 15th inst. (suddenly), Hutchinson Royes Bell, F.R.C.S., Honorary Fellow of King's College, and Surgeon to King's College Hospital, of 12, Queen Anne-street, Cavendish-square, aged 44.

POWER.—On the 9th inst., at 65, Ashburnham-road, Bedford (suddenly), of syncope, John Arthur Power, M.A., and L.M.Cantab., L.R.C.P.Lond., late Senior Fellow of Clare College, Cambridge, aged 76.

YULE.—On the 8th inst., at Fern Lea, Worthing, John Strelley Carslake Yule, M.R.C.S., aged 47.

N.B.—*A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.*

## METEOROLOGICAL READINGS.

*(Taken daily at 8.30 a.m. by Steward's Instruments.)*

THE LANCET Office, June 17th, 1886.

| Date. | Barometer reduced to Sea Level and 32° F. | Direction of Wind. | Dry Bulb. | Wet Bulb. | Solar Radia in Vacuo. | Max. Temp. Shade. | Min. Temp | Rain fall. | Remarks at 8.30 a.m. |
|---|---|---|---|---|---|---|---|---|---|
| June 11 | 29·95 | W. | 61 | 57 | 115 | 71 | 54 | ·22 | Cloudy |
| ,, 12 | 29·77 | W. | 62 | 56 | 110 | 69 | 56 | ·02 | Cloudy |
| ,, 13 | 29·95 | N.W. | 62 | 59 | 107 | 66 | 52 | ... | Cloudy |
| ,, 14 | 30·05 | S.W. | 62 | 55 | 106 | 69 | 50 | ... | Cloudy |
| ,, 15 | 30·04 | W. | 59 | 55 | 106 | 65 | 55 | ·01 | Cloudy |
| ,, 16 | 30·10 | N.W. | 56 | 50 | 102 | 64 | 49 | ... | Cloudy |
| ,, 17 | 30·06 | N.W. | 56 | 51 | ... | ... | 49 | ... | Overcast |

# Notes, Short Comments, & Answers to Correspondents.

*It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.*

*All communications relating to the editorial business of the journal must be addressed "To the Editor."*

*Lectures, original articles, and reports should be written on one side only of the paper.*

*Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.*

*We cannot prescribe or recommend practitioners.*

*Local papers containing reports or news-paragraphs should be marked.*

*Letters relating to the publication, sale, and advertising departments of* THE LANCET *to be addressed "To the Publisher."*

*We cannot undertake to return MSS. not used.*

### THE TURKISH BATH.

*Dr. Grant* writes calling attention to a want in connexion with the various Turkish baths in London, which, judging from his own case, deters many persons from more frequently making use of them—viz., the absence of any hotel or of bedrooms under the same roof as the bath. Apart from the time taken in undressing and dressing, it is evident that the unavoidable exposure to weather and the fatigue involved in proceeding to the bathing establishment are injurious in many cases for which the Turkish bath is recommended, and in which it is beneficial. Our correspondent states that he has on several occasions thought it worth his while to proceed to Dublin, where there is an hotel in connexion with the baths, and where they can be taken in a comfortable manner, and expresses the opinion that the establishment of such conveniences in the West-end of London would prove profitable to the proprietors.

*Dr. Fraser* (Ashburton).—1. The best account will be found in the last edition of Waring's Handbook of Therapeutics.—2. We have no information respecting the publication to which our correspondent refers.

*Students.*—All the information will be found in our Students' Number, published in September last.

*Graduate.*—We doubt very much whether it would be possible.

### "ALCOHOL IN HOSPITALS."

*To the Editor of* THE LANCET.

SIR,—In your last issue a paragraph entitled "Alcohol in Hospitals" concludes with the following words: "The Secretary of the Middlesex Hospital has calculated that 66 per cent. of the expenditure on alcohol is for its consumption by officials." This passage having been commented upon, will you allow me to observe, in the first place, that I have never made any calculation on the subject in question, and, secondly, that the figure quoted is inaccurate. Possibly the calculator has based his reasoning on data of which I am ignorant; but in 1884 this hospital spent £547 4*s.* 7*d.* on beverages containing alcohol, of which £328 10*s.* 9*d.* was for the amount consumed by patients and £218 13*s.* 10*d.* for that used by the resident officers, the nurses, and the servants. The percentage would therefore be about 60 for patients and 40 for officials. I trust your sense of fairness may allow me space enough in your next issue for the insertion of this correction.

I am, Sir, your obedient servant,

A. O'D. BARTHOLEYNS,
Secretary.

Middlesex Hospital, June 17th, 1886.

## TONSILLARY CALCULI.

*To the Editor of* THE LANCET.

SIR,—So rare is this affection, and so unusual the occurrence of two fairly large calculi being deposited in one tonsil, that it may be deemed of sufficient interest to be placed before your readers.

Recently Mrs. C—— consulted me with reference to an inflamed throat, with some slight difficulty in swallowing, and which had existed, more or less, for some months. The patient had occasionally sought advice, but had obtained only temporary relief. The mouth could be freely opened, and the tonsils well exposed by depressing the tongue and drawing back the cheeks by an elastic retractor. The right tonsil was seen projecting conically inwards behind the uvula, having a yellow speck on its apex. To the touch this was hard, and grated under the probe. While thus exploring it a violent spasmodic effort, partly coughing and partly vomiting, came on, forcibly expelling a calculus the size of a large horse-bean, the relief being immediate. However, a few days later the patient called again, saying there was another calculus. The tonsil looked red and felt hard. On passing a probe into the sulcus left by the previous calculus I came upon something hard. Slitting up the tonsil and manipulating with a bent probe and blunt hook, I was enabled after some little difficulty to extricate another calculus, larger than the previous one, round, but very nodular, and in appearance very much like a vesical mulberry calculus. It weighed nearly a drachm, and its composition was chiefly phosphatic.

The peculiarities of this case appear to be its rarity and the existence of two large bodies in one tonsil causing so little inconvenience in a part ordinarily so sensitive. Though some authorities look upon calculi as the resolution of some tuberculous deposits, in this case all physical and constitutional symptoms were perfectly healthy, while the family history was exceptionally good; nor could I trace that the patient had suffered from follicular catarrh, thereby causing vitiation of the ordinary tonsillar secretion. The only solution I can give is that the crypts or follicles were unusually patent, allowing the accumulation of the buccal or salivary mucus, from which a gradual deposit was thrown down, while the treatment could be no other than that followed by me.

I am, Sir, yours faithfully,

Leamington, June 15th, 1886. CHARLES MARRIOTT, M.D.

*H. A. M.* (Colchester).—Vitruvius, in his treatise on Architecture, written in the reign of the Emperor Augustus, B.C. 10, says (Book I., chapter 1.) that the architect should have a knowledge of medicine (*medicinæ non sit ignarus*). Claude Perrault (1613–88), himself a physician, returned the compliment by a careful study of architecture, by an excellent translation of the work of Vitruvius, and by designing the entrance to the Louvre, which in Voltaire's time was pronounced by that connoisseur to be "one of the finest monuments of architecture in the world."

*Dr. Milner Fothergill.*—Yes.

*Q. R.* can obtain the information through any of the leading agents.

## THERMOMETERS.

*To the Editor of* THE LANCET.

SIR,—I have read letters in praise of the circular clinical thermometers, and I think that those whose experience has not been so encouraging ought also to give their opinion. I was highly pleased at the thought of having a thermometer which would hook on to the swivel of my watch chain, and consequently would always be at hand, instead of being left behind in another pocket; but I have found it clinically useless. If placed in the mouth, it will certainly register up to 98·5° F. in a healthy subject; but it is not the sort of instrument to be passed from mouth to mouth, as a glass one may be. In the axilla, to whatever point it may reach, I have never secured a reading much above 90°, owing to the rapidity with which it runs down while the patient is fumbling for it, and while one is turning it round to the light. A friend has suggested to me that a ratchet arrangement might be contrived on the face of the dial, which would catch the pointer at each successive degree which it reached, and that the pointer could afterwards be released by pressing a spring. I am, Sir, yours truly,

June 15th, 1886. M.D. DURH.

*Dr. B. Walter Jones* (Vulcan, Mich., U.S.A.).—The name was given in the description of the apparatus.

*Mr. C. G. Jones.*—The usual minimum fee paid by high-class offices is £1 1*s*.

## A CAUTION.

*To the Editor of* THE LANCET.

SIR,—The following description of a thief who on Saturday morning last made a successful raid on my consulting-room by means of the usual request to be allowed to "wait a few minutes" may be of service in putting your readers on their guard, and might possibly lead to his apprehension:—He is a short man, about forty, with "sandy" hair and beard, dark brown eyes, and sunburnt complexion; he wears a blue serge suit, also a ring and a watch, which he takes care to show as evidence of respectability. I am, Sir, your obedient servant,

June 15th, 1886. W. G. D.

*O. O. O.*—Our correspondent is not called on to disclose professional secrets, save in a court of law.

## THE SPANISH MEDICAL PRESS.

IN Spain almost every town containing a medical faculty, of which there are some eleven, boasts several small weekly or monthly medical journals. A new candidate for professional favour is now announced from Barcelona, *La Vara de Esculapio (The Staff of Æsculapius)*, which makes, if we are not mistaken, the third new medical journal emanating from the same provincial city which has come into existence during the last few months, there being nearly a dozen already published there.

*G. H. W.*—Dr. William Farr pointed out more than forty years ago the fallacy underlying any attempt to base conclusions as to the health condition of populations upon the observed "mean age at death" occurring therein.

*T. L.*—We have no knowledge of the institution named.

## THE "PENDJEH SORE."

*To the Editor of* THE LANCET.

SIR,—With reference to the letter from Mr. Pierson of the Indian Medical Service in your last issue (p. 1148), and to previous communications regarding the "Pendjeh Sore," allow me to state that the disease is well known in Asiatic Turkey, from the Mediterranean to the Persian Gulf; but it is in the Baghdad district that it is most prevalent and most virulent. It is there known as "Nishan-al-Tamar," or date-mark, from the fact that it generally appears in autumn, when the dates are ripe. It is not a constitutional disease, and I have no doubt that Mr. Pierson's theory as to its nature is correct. His remark about the copper-colour of the cicatrices of these sores reminds me of an officer who suffered from them in Baghdad, and who went to England immediately afterwards. He consulted an eminent surgeon of the day, who delicately hinted at syphilis. This the patient indignantly denied, assuring the surgeon that the complaint was endemic in the country from which he had come; but he was listened to with evident disbelief, and he departed in disgust. The date-mark has been frequently described in the Indian medical journals. I am, Sir, yours truly,

J. M. HYSLOP, M.D.,

Edinburgh, June 14th, 1886. Surgeon-Major.

*To the Editor of* THE LANCET.

SIR,—I fully agree with Surgeon Pierson, I.M.D., in his letter of the 12th inst., that it would be wrong to give currency to the new title "Pendjeh" to what appears to be the "Mooltan" sore. The disease was doubtless new to the Russian surgeon on his coming for the first time to the habitat of the ailment. Such local titles are inevitable and unobjectionable if they do not obscure the identity of disease. "Peshawur fever," "Feral fever," and other local names of ague, have ceased to do harm in this way. I write, however, more especially in reference to the question of treatment. That of Dr. Suski will certainly be found inefficient. Still, there is a remedy, far short of total destruction by nitric acid, which it is surprising is not better known on the frontier—viz., dressing with diluted tincture of the sesquichloride of iron, on lint under waterproof. This is cleanly and painless, and heals the sore rapidly. These sores in former years caused much invaliding to the hills, and even to Europe. Situated, as they often were, on the face and forehead, they presented a most repulsive appearance. This state of things was promptly modified in Mooltan and the neighbouring stations some years ago by the adoption of the above treatment.

I am, Sir, yours faithfully,

June 15th, 1886. A. G. BARTLEY, M.A., M.D.

*Forensic.*—1. The latest edition of Taylor's Medical Jurisprudence.—2. Thomas or Barnes.

*Mr. T. G. Parrott.*—We have not space nor patience to notice the letter.

*Aristarchus* has not enclosed his card.

## "INFANTICIDE BY PERAMBULATORS."

*To the Editor of* THE LANCET.

SIR,—While on a holiday tour in Holland some years ago, I noticed that the infants in their perambulators were much more silent and much happier in appearance than infants in a similar condition in England. I saw that in all cases the infant was lying with its face to the nurse, and was well protected by the hood at its back. If this proceeding were always the rule in England, the exposure, and consequent "danger of inflammatory disease, pulmonary and cerebral," would be reduced to a minimum, and the child, having always its nurse's face in view, would be less disposed to cry. I am, Sir, yours faithfully,

June 15th, 1886. H. F. S.

*Medicus.*—No. Melbourne would certainly not be a suitable place of residence for such a patient. The extreme and sudden changes of temperature, the frequent dust-storms, and the defective drainage, which characterise that Australian town, would not operate favourably on a *poitrinaire*.

*Jurisprudence.*—Jervis on the Office and Duties of Coroner, fourth edition by Melsheimer, published by Stevens and Son, Chancery-lane

*Dr. O'Neill.*—The notes would be acceptable.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Hyslop, Edinburgh; Dr. Armstrong, Newcastle-on-Tyne; Mr. G. D. Pollock, London; Mr. Charles Hawkins, London; Dr. Broadbent, London; Dr. Banham, Reading; Messrs. Blackwood, Edinburgh; Mr. St. Clair Buxton, London; Mr. Bistole, London; Dr. O'Neill, Lincoln; Mr. M. Wilks, Burnley; Mr. Bellamy, London; Mr. Jessop, Leeds; Mr. Mayo Robson, Leeds; Mr. G. B. Moffet, Gibraltar; Mr. Parrot, Bournemouth; Mr. Horsfall, Bedale; Mr. Rivington, London; Mr. Milner Fothergill, London; Dr. Newman, Glasgow; Mr. Teague; Mr. C. G. Jones, Cardigan; Dr. Marriott, Leamington; Messrs. Austin and Son, Clifton; Dr. Steavenson, London; Messrs. Zimmerman and Co., London; Dr. Barnasconi, Plymouth; Messrs. Debenham and Co., London; Dr. Curnow, London; Mr. Alcan, Paris; Messrs. Clark and Co., London; Mr. Keen, St. Leonards; Mr. Armstrong, South Shields; Mr. Clemow, Waterloo; Dr. Hilliard, Aylesbury; Dr. Jones, Michigan; Mr. Meadows, Hastings; Mr. Ostell, Carlisle; Dr. Russell, Glasgow; Mrs. Ashbrook, London; Dr. McLean, Carlisle; Mr. De Fraine, Aylesbury; Major Colwell, Plymouth; Messrs. Slinger and Son, York; Mr. Bingham, Grimsby; Mrs. Maitland; Messrs. Bales and Co., London; Mr. Boyack, Portobello; Messrs. Christy and Co., London; Mr. Lancaster, Bootle; Dr. C. Grant, Lagos; Dr. McVail, Holmhead; Mr. Sweeting, Fulham; Dr. Bartley; Dr. Ward, Sutton Coldfield; Dr. Hood, London; Mr. Cant, Lincoln; Messrs. Alton and Co., Carlisle; Dr. Cook, London; Mr. Hunt, Hull; Messrs. Easson and Son, Dublin; Mr. Hodgson, Carlisle; Mr. Boustead, Hebden Bridge; Mr. Chapple, Cork; Mr. Gravatt, London; Mr. Eddy, Holloway; Mr. Burdett, London; Dr. McNab, Stornoway; Mr. F. Taylor, London; Mr. Low, Hornsey; Mr. Reed, London; Dr. Roulston, Wakefield; Mr. Brewster, Bootle; Mr. Johnson, Leicester; Mr. Burcombe, Lincoln; Dr. Diver, Kenley; Mr. Leoni, London; Miss Lytham, Norwich; Dr. E. D. McNicoll, Southport; Dr. Craster, Middlesbro'; Dr. T. D. Acland, London; Mr. R. F. Benham, London; Physician, Bath; H. H.; M.R.C.S., 1845; W. G. D.; Assistant, Kilburn; A. B.; M.D. Paris; H. A. S.; H. F. S.; O. O. O.; Forensic; Z.; M.D. Durh.; W. P. R., Liverpool; M.D., Bournemouth.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Barry, Castle Eden; Mr. Nunn, London; Mr. Wells, London; Mr. Hepburn, Coxhoe; Mr. Warburton, Brynfedwan; Mr. Dawson; Mr. Hastings, Sidmouth; Mr. Mills, Glasgow; Mr. Hebb, Alton; Messrs. Hill and Sons, London; Mr. Button, Halifax; Mr. Homfray; Mr. Bates, New York; Mr. Keay, Eastbourne; Mr. Turner, Finsbury; Mr. Hughes, Brompton; Dr. Prieger, Kreuznach; Mr. Kelsey, Margate; Mr. Derry, Leeds; Dr. Dows, London; Mr. Thomas, Llanelly; Messrs. Hewlett and Co., London; Mr. Hodgson, London; Mr. Martin; Messrs. Halton, Carlisle; Mr. Walsh, Bicester; Mr. Smith, Glasgow; Miss Baxter, Banebory; Mr. Laskey, Hambrook; Mr. Powell, Bedford; Mr. Kelvin, Manchester; Mrs. Theobald, Leicester; Mrs. Grattan; Dr. Clitherow, Peckham; Mr. Lee, Market Harboro'; Dr. Eberle, Thirsk; Dr. Rowe, Liverpool; Mr. Harley, London; Mr. Marsh, Hindley; Messrs. Eves and Sons, London; Mr. Morse, Appledurcombe; Mr. Ellis, Birmingham; Mr. Gravett, Horsham; Dr. Wright, Finedon; Miss Fryer, Horsham; Dr. Lawrence, Chepstow; H.; Draco; M. A. C., London; Delta, London; H. F. M.; Confidential; Bond, Hanley; Kumar Basu, Bombay; Zeta, Walsall; Sphenoid; A. B. C.; Z.; Theta; Lady Superintendent, Ramsgate; Alpha, Liverpool; B.A., Lambeth; Urbs in Rure; Medicus, Minchinhampton; F. R. D.; Medical; Medicus, Ashburton; Lochore, London.

*Journal of Reconstructives, Sanitary Engineering, Grahamstown (Cape of Good Hope) Eastern Star, Macclesfield Courier, Shields Daily Gazette, Richmond Times, Derbyshire Courier, Northern Whig, Liverpool Daily Post, Govan Press, New Zealand Tablet, Birmingham Daily Mail, &c.*, have been received.

# Medical Diary for the ensuing Week.

## Monday, June 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesdays, same hour.

CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2 P.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.

## Tuesday, June 22.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 and Thursdays at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

## Wednesday, June 23.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesdays and Thursdays, 1.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Skin Department, Tuesdays and Fridays, 9.30 A.M.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.

LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.

KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; and on Friday, 2 P.M.; and Saturday, 1 P.M.

BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Specimens will be shown. Mr. Bland Sutton: Menstruation in Monkeys.—Mr. Lawson Tait: On Eleven Cases of Extra-peritoneal Cysts. Council at 8 P.M.

## Thursday, June 24.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Surgical Consultations, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

## Friday, June 25.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1.30 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

## Saturday, June 26.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.


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| To CHINA AND INDIA, One Year | | | 1 16 10 |
| To THE CONTINENT, COLONIES, AND UNITED STATES, Ditto | | | 1 14 8 |

Post Office Orders should be addressed to JOHN CROFT, THE LANCET Office, 423, Strand, London, and made payable at the Post Office, Charing-cross.

Notices of Births, Marriages, and Deaths are charged five shillings.

Cheques to be crossed "London and Westminster Bank."

## ADVERTISING.

| | | | |
|---|---|---|---|
| Books and Publications (seven lines and under) | £0 | 5 | 0 |
| Official and General Announcements | 0 | 5 | 0 |
| Trade and Miscellaneous Advertisements | 0 | 4 | 6 |
| Every additional Line | 0 | 0 | 6 |
| Front Page, per Line | 0 | 1 | 0 |
| Quarter Page | 1 | 10 | 0 |
| Half a Page | 2 | 15 | 0 |
| An entire Page | 5 | 5 | 0 |

The Publisher cannot hold himself responsible for the return of testimonials, &c., sent to the office in reply to advertisements; copies only should be forwarded.

NOTICE.—Advertisers are requested to observe that it is contrary to the Postal Regulations to receive at Post-offices letters addressed to initials only.

An original and novel feature of "THE LANCET General Advertiser" is a special Index to Advertisements on page 2, which not only affords a ready means of finding any notice, but is in itself an *additional* advertisement.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday, accompanied by a remittance.

Answers are now received at this Office, by special arrangement, to Advertisements appearing in THE LANCET.

Terms for Serial Insertions may be obtained of the Publisher, to whom all letters relating to Advertisements or Subscriptions should be addressed.

Advertisements are now received at all Messrs. W. H. Smith and Son's Railway Bookstalls throughout the United Kingdom and all other Advertising Agents.

**Agent for the Advertising Department in France—J. ASTIER, 66, Rue Caumartin, Paris.**